MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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14		
1	o. COUNTY Battimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give indurest town)	c. CITY OR TOWN (If Jutside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8305 Supelinder Kirod	d. STREET ADDRESS ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) On Michael albert a	abrans 1. DATE OF Month 200y Year 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH SAGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. FLA-27/1885 Months Doys Hours Min.
	during most of working life, even if retired) Supplied Supplied	STRY 11. BIRTHAUGE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME PLUE abrama	Sarah Karliner
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dafas of service)	ane S. abrans - 8305 Stevenson Kel
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTONICAL	thrombosis interval Between onset and Death of Membe
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-	levotic heart disease Types
	Iying couse lost. (c) GLAULALLI	THAT BEILD TO THE TERMINAL DISEASE CONDITION CHUSININ DART VIA 18 WAS ASSTORED
	dialetes	PERFORMED? YES NO
		D. (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) clary, street, office bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram. sow the deceased alive an. 6/201960 and that a	death accurred at 72.M, from the causes and an the date stated above.
		M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 226. DATE SIGNED
	226 PHYSICIAN'S NAME (Type) BERNARD BURGIN	6721 Reisterstown Rd. Balto. 15 2
1	230. BURIAL CREMATION. 234 DATE THEREOF 236 NAME OF CEMETERY O	OR CREMATORY 23d. LOCATION (City town, or county) (State)
	101 Blive BALL VISITE - 6010 / Clien	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DATEUN 2 7'60 Color P 46
-1		Linkey & Though

TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Page 4 may be released by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carboa papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 halps after death. May be revened to FUNERAL Page 3 share

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . COUNTY Balto. O. STATE **b.** COUNTY MARYLAND Marram b. CITY OR TOWN III outside corporate limits, write PURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! 4 Dave Front Royal Harri sonville 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3 Wilmar Evenue. Afton Ina. Main St. & Royal YES | NO [3. NAME OF Middle Month Year DECEASED (Type or print) DEATH 6 23 19 60 Phillip St.George Ambler 5. SEX 6. COLOR OR RACE AMARIES TO STREET BY BOOK STATE OF SIRTH 9. AGE (In years FUNDER TYPAR IF UNDER 24 HRS. and 3 to the retained t fast birthday) Months Days Hours WIDOWED *###### May 6,1900 yes, 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired Engineer 50 be U-S-A-Hume. Va. 13. FATHER'S NAME YOU 14. MOTHER'S MAIDEN NAME Pages Richard Cary Ambler 11 Elizabeth Marshall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Harrisonville, Md. Yes Richard H. Reid Jr. S Wilmar Avenue P.M.3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY eclusion 30-min IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which polong gove rise to immediate cause DUF TO (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)119, WAS AUTOPSY 50 PERFORMED? pending more d. NO D 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) pe PRIMARY | or CONTRIBUTING | Exami CAUSE OF DEATH. 7.9-22 Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) 20c. TIME OF INJURY (County) (Stole) rriting the w ef Medicol I R: Poge 3 sh factory, street, office bldg., etc.) Not while 221-21/10 at work of work 121-211 p. m. 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection M. Inquiry D. and find that death resulted from: Natural causes X. Accident . Suicide | | Homicide , Undetermined cause of the Chie 5 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 6-23-60 ASSISTANT MEDICAL EXAMINER (FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Leeds Church Cometery Markham Va-23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 7 '60 VS. A15ME(5) Cothur & Throws 8728 Liberty Road 5M 9/55 Randallstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

note: Lines front COLDER OF SERVICE A Character Terms and a character of the course of the cou man and a system of gilling 610 (* * * Aladema diseast. Allegalors word busings person wester & the fall of the fall of the fall of Title of which I make the transfer of the land ARE Winestly Said Bu and the second

FOR STATE

TO DE IN MEDICAL EXAMINED This certificate should be emerated within 24 heurs after death. If the leaves in please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to The tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5, may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Hearth, or its designated agent, prior to burial, cremation, or removal, and in any event within (72 hours) after death.

TO DE VS. A15ME 5M 7/59

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	11112748	ELO FILM GZOG	6/3/6/6/3	rively .	
e. COUNTY	гн			ENCE (Where deceased lived, If institu	tion: Residence before admission)
e. COUNTY	Baltimore	MARYLAND	o. STATE Ma	ryland b. COUNTY	Baltimore
write RURAL as	(if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporete limits, write RUR.	
	llawn		Wo	odlawn	
d. NAME OF HOS	PITAL OR INSTITUTION (IF no	if in hospitel, give street eddrass)	Dogw	rood Rd.	ON A FARM? YES \(\begin{array}{c} NO \(\begin{array}{c} \end{array} \)
NAME OF DECEASED	First	Middla	Last	4. DATE Month	Dey Yeer
(Type or print)	Elmer	Ray A	nders	DEATH June	5, 19 60
. SEX	TID.	MARRIED NEVER MARRIED DIVORCED DIVORCED		9. AGE (In years IF UN	
	TION (Giva kind of work	10b. KIND OF BUSINESS OR INDUST	Oct. 27, F	late or foreign country) yrs.	2. CITIZEN OF WHAT COUNTRY?
A 1	vorking life, even if refired)	Earth Moving	Groses	ose, Virginia	USA
B. FATHER'S NAME		Day on Morang	14. MOTHER'S MAID		ODA
James M.	Anders		T.	oskie M. Jones	
. WAS DECEASED E	VER IN U.S. ARMED FORCES			Address	
No No	(If year give wer or dates of service		re. Helen R	randt, 3620 Eitmil	ler Rd. Relton7.
and the same of th	DEATH [Enter only one cau	se per line for (a), (b), and (c).)	TAT HOTOM D	rando, pozo er umri	I INTERVAL BETWEEN
		unshot wound o	f loft ch	ouldon with	ONSET AND DEATH
Care	2 4 4	leasestien of	Tere and	clavian artery	
18	DUE TO				
Conditions, if ar	(0)	and massive i	nternal n	emormage	
gave rise to imme	> DUE TO				
cause lest.	(c)				
PART II. OTH 20a. EXTERNAL (PRIMARY 45 or C CAUSE OF DEATH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO
20a. EXTERNAL O	CAUSE WAS 20b.	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury In	Pert I or Part II of item 18.)	1 [[-
PRIMARY A or C	ONTRIBUTING Sh	ot by wife dur	ing alter	cation	
20c. TIME OF IN.	-			ferm, 20f. (City or town)	(County) (State)
Hour a.m.		WhileNot While fac	clory, street, office bldg.,	atc.)	
p.m.	6/5/60 79	at work at work	nome		timore Me
		ne remains described above, h	91.	. =	and in my opinion
death resulted	from: Natural cause	Accident Sui	cide, Homicia	de J. Undetermined manne	r 🔛
	1.46	11.116	CHIEF MEDIC.	AL EXAMINER	
ACTUAL SIGNATURE	$ (\Lambda/!)$	/ Cung	M.D. ASSISTANT	AEDICAL EXAMINER	DATE SIGNED
EXAMINER'S	III B 13	T: T- 35 T	DEPUTY MEDI	CAL EXAMINER	
NAME (Type)		King, Jr., M.I			e 5, 1960
REMOVAL (Specif	ION, 226, DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City, town, or co	ountry) (Stele)
Burial	June 9,1960			Groseclose	Virginia
3. FUNERAL DIRECT		ADDRESS		REC'D BY REGISTRAR 246. REGISTRA	R'S SIGNATURE
Loring By	ers 8728	Liberty Rd. Randa	alistown DATE	JUN 8 '60 Chith	
			Md.		

THE COUNTY OF THE STORES TO STATE OF THE STORES AND THE STATE OF THE S · 我们的"在一根"以下一生化学表 AND AREASTA SERVICES - AND SERVICES const is offined PERSONAL MARKET Toring a religible for Characteristics of the Control of the The transfer to be the second of the second NYATO AND VICTORIES THE TO THE TRANSPORT OF will break a rect of the 95 of the , minipalt: sic. campi THE PERSON NAMED IN COLUMN TWO IS NOT THE PARTY. The state of the s

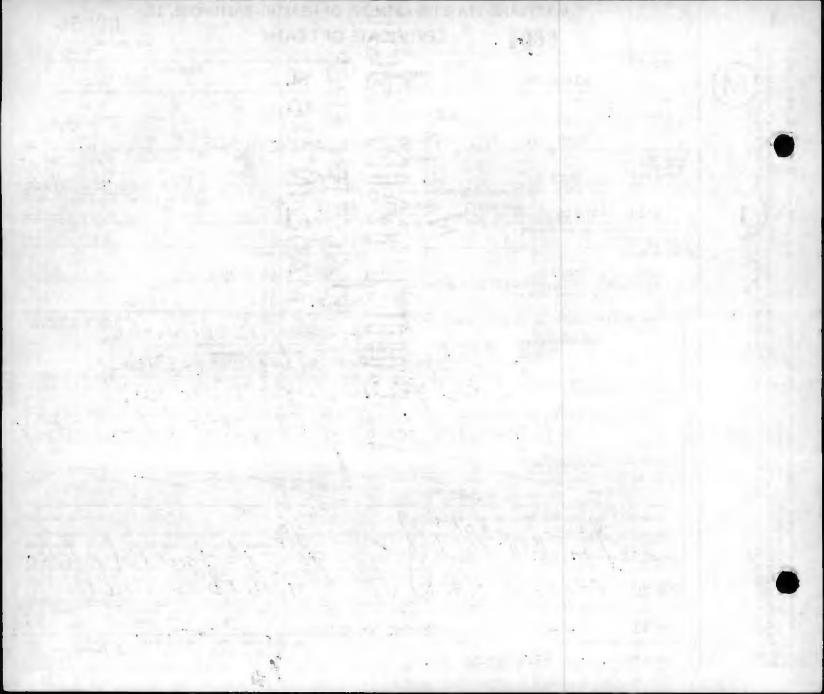
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6604

CERTIFICATE OF DEATH

06556 Reg. Dist. No.

							11031. 010			
I. PLACE OF DEATH a. COUNTY		MARYLAND	2. USUAL RES	IDENCE (WH	ere deceased	lived. If instituti b. COUNTY	on: Residenc	e before	admissi	on)
Baltimore				Md.				imor		
b. CITY OR TOWN (If autside corporate lim RURAL and give nearest tawn)	ils, write	c. LENGTH OF STAY IN 16	X			ote limits, write R	URAL ond g	iva neare	est fown	}
Parkville	, , ,	11.		rkvill	e				10.0001	- Frida
d. NAME OF HOSPITAL (If not in hospital, and in hospital), and in hospital and			d. STREET	ADDRESS				6.	IS RESI	FARM?
3818 Put	ty Hi	11	3	818 Pt	tty Hi	11			YES	NO 🖸
3. NAME OF FILE	rst	Middle	to	ost	4. DATE	Mor	ith	Day	Y	fear
(Type or print) Mary		Α,	Appe	1	OF DEATH	June		5.	1	9 60
S. SEX 6. COLOR OR RACE	7. MARI	RIED T NEVER MARRIED	B. DATE OF BIR	TH	9	. AGE (In years	IF UNDER	1 YEAR 1	FUNDE	R 24 HRS
female white	WIDOW	ED DIVORCED	April	30,96	5	last birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work	dane 10b.	KIND OF BUSINESS OR IND	1			intry)	12. CITI	ZEN OF V	VHATC	OUNTRY
during most of working life, even if retired	1)					,,				
nousewile 13. FATHER'S NAME				ryland	7.			USA		
			14. MOTHER							
Benjamin Schrim 15. WAS DECEASED EVER IN U. S. ARMED FOR	00000	SOCIAL SECURITY NO	INFORMANT	therin	e Brau	n Add	****			
[Yes, no, or unknown] [If yes, give wer or dates of s	rervice)	SOCIAL SECURITY NO.				Add	ress.			
			Louis J	 Appe 	T		same			
18. CAUSE OF DEATH [Enter only one co	ouse per li	ne far (a), (b), and (c)		1.	1 x	0 1	7	INTER	VAL BET	WEEN
PART I. DEATH WAS CAUSED BY:		Chu	LOTON	dual	LKAS	laine	ralies	ONSE	TAND	DEATH
IMMEDIATE CAUSE (c	/	7 /	4	/	/ 1	7	7- 1	7	-	-
DUE TO	10 /	andina ?	Java	01/3	That	dun	Stola			
Conditions, if ony, which	90-	Macin	-0,,	1	1 can		NOME	4/		
gove rise to immediate	1 /	1100		101	X	11	TW			
lying couse last.	n	was goen	rosco.	-0	Our	alic 1	roort	1		
PART II. OTHER SIGNIFICANT SO	DITIONS	CONTRIBUTING TO DEATH BE	T. POT RELATED T	THETTERM	NAL-DISEASE	CONDITION	PART	1(o) 19.	WAS A	UTOPSY
PART II. OTHER SIGNIFICANT OF	epe	aled hou	Xx 81	. Cor	rense	uve ta	wer	9	YES	NO
20g. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enter heture	of injury in	Part I or Part	II of item 18.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				(1					
20c. TIME OF INJURY Month, Day YE	or 20d. I	NJURY OCCURRED 200.	TACE OH NURY	(Home, form	207. (City	or town)	(0	ounty)		(State)
Hour o. m.	While	Normile of work	actory, street, affic	ce blog elt	1					
₹ p. m.	or wa	OI WORK	-	7/	40.10		*			
21. I certify that attended the	deceas	ed from Club	1955	T. 10	true	19	that I la	st saw	the de	eceasea
alive an stune of	19	O/ and that deat	h occurred al	1408	M. from t	he causes ar	d an the	date :	stated	above
-// 1- /2	11	1. MIL		101.	ADDRESS IST	set, cip or town,	Apret	1.	PATI	E SIGNED
SIGNATURE TRUNK	11.6	asile you	M.D	7005	- Ha	Tora	Koy	6	161	160
PHYSICIAN'S FRANK	7	KASIK V	R. /	13	ALT	6 14	M	21	/	
220. BURIAL, CREMATION, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATI	ON (City, town,	or county)		(State	B)
REMOVAL (Specify) burial 6-8-60		Parkwood	Cemeter		Ral	timore.	Ma			
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	V VIII VIII V	24a, REC'	D BY REGISTR		STRAR'S SIC	NATURE		
Leonard J. Ruck 530	Han				UN 7 '	60	hilms &			
Provider of Mark 0.30.	2 55CL	AULU ILUA		INAIC						



Liberty Hghts. Ave.

JUN 2 0 '60

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DATE

requires that the death certificate

0 VS A15 (4) 15M 9/5B

Ellsworth Armacost-4600

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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
6606	CERTIFICATE	OF DEATH	

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1. PLACE OF DEATH Balturore MARYLAND	II o. STATE 🛰	Where deceased lived ory Land	b COUNTY	e byfore odmission) L fuel ul
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neglect fown)	11 3/ //4	Uf putside corporate j	ingts, write RURAL and g	ive nearest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OTHER Roll	d. STREET ADDRES	aru K	ec e	e IS RESIDENCE ON A FARM? YES NO A
3 NAME OF DECEASED (Type or print) Emacuel /	Barehan	4. DATE OF DEATH	June	Day Year 6
5. SEX hiale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9 James OF BIRTH	1007 18	A Company of the Comp	1 YEAR IF UNDER 24 HRS Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11 BIRTHPLACES	State or foreign country	Beth C	ZEN OF WHAT COUNTRY
13. FATHER'S NAME	14 MOTHER'S MAID		7 77	
aguita L'arehay		ida Barehi		
(Yet no or unknown) . (If was one way to deten of convent	Son - We	How Bar	Elecure	Same
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LETERAL	Carull	'ar acc	ident	INTERVAL BETWEEN ONSET AND DEATH
Conditions, it any, which) Ob Carefree Or	tone sel	urls		20 Pars
gove rise to immediate couse (a), sloting the under-lying couse lost.				0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PEPFORMED? YES NO
200. ACCIDENT WAS UNDERLYING TO COURRE HOW INJURY OCCURR OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injur	y in Port I or Port II of	item 18.)	
	PLACE OF INJURY IHome, foctory, street, office bldg.		wn) (C	ounty) (Stote)
21. I certify that I attended the deceased from 3 William alive an	1960, to	0 //	•	ast saw the deceased
dive on the deal	th occurred at	ADDRESS (Street, e		e date stated above DATE SIGNEL
SIGNATURE SIGNATURE	M.D	rekly s	relip	14 June 19 4
PHYSICIAN'S Walter T1EES	>			
220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY BURIAL Specify) 6-17-60 JESSOP Met			(City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1	REC'D BY REGISTRAR	24b. REGISTRAR'S SIG	
Brooks Funeral Service Towson4.	Md DATE	JUN 1 5 '60	arthur S.	Thouse



Wm. Cook Blight Inc. 6009 Harford Rd. Balto. 14

abod 2 VS A1S (4)

23. FUNERAL DIRECTOR'S SIGNATURE

INTERVAL BETWEEN ONSEVAND DEATH hu! THE TERMINAL DISEASE CONDITION GIVEN IN PART VOI WAS AUTOPSY PERFORMED? YES NO 4 (County) (Stote) That I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, City or town, slot 22d. LOCATION (City, town, gs-county) (Stote) Balto. Co. Md. 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

arthur S. Thouse

DATEUN

06559

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

Hours

12. CITIZEN OF WHAT COUNTRY?

Ralto.

Day

Days

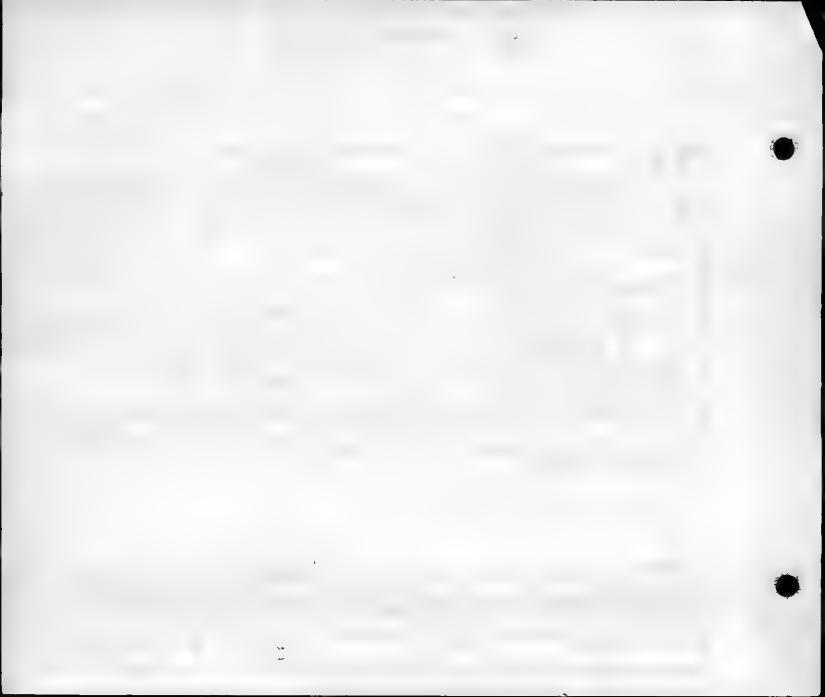


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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	MAKILAND STATE DEPARTMENT OF HEALTH—BALTIMORE	06560
	6600 CERTIFICATE OF DEATH	Reg. Dist. No.
director, filled with	CCE OF DEATH COUNTY BALTE. Co. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If ins o. STATE MARYLAND ARRYLAND	stitution: Residence before admission)
be al (M)	CATON SVILLE 2 YEARS BALTINER C.	ile RURAL and give nearest town)
the funda 2 should	NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION HOED - HEME 315 FONT HILL	e. IS RESIDENCE ON A FARM? YES NO Z
illed es I and	ME OF First Middle Lost 4. DATE OF DEATH JUL	Month Day Yeor
d within pletely fi rs. Pag	8. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 100 borthold 170 WIDOWED DIVORCED MAY 5-1882	
execute and complete death.	SUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) uring most of working life, even if relired) HOUSE WIFE	12. CITIZEN OF WHAT COUNTRY
cian ar	THER'S NAME GEORGE BALLMANN 14. MOTHER'S MAIDEN NAME FRANCES	Spittle
ng physic remove 72 haurs		Address (29)
attendir n please	CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leza-Cozal Hamediate Cause (a)	INTERVAL BETWEEN ONSET AND DEATH
by the iii. The ny event	Conditions, if any, which) to levelure arteric Jelaz	our 3rm
an signed sit pera	ouse (a), stating the <u>under-</u> pring cause lost. Column	
physicial physic	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
Han: Trending ficate hite but	to. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B EITHER, NOTIFY MEDICAL EXAMINER))
PHYSIC al ar at this cert r use as emation	c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of work fociory, street, office bidg., etc.)	(County) (Stole)
Affer Affer the fail of the fa		Cthat I last saw the deceased
ATTER by the ECTOR oc deto or to by	ADDRESS (Street, city or to	own, slate) DATE SIGNED Z A C C C C C C C C C C C C
shauld be	IYSICIAN'S AME (Type)	
moy be in o FUNERA page 3 shou she registrar	URIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, to EMOVAL (Specify) Take 13. 1960 Western Cen BALTO	wn, or county) (State)
VS A15 (4)	NERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. F	REGISTRAR'S SIGNATURE
19M 7/39	25/2 Frederick Gorg. (29)	



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director, filed with	M

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funeral

complete

and com rbon pap er death.

physician emove carb

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burial-transit p pup

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CTOR:

remayal

fter death. Page 4

6609 1. PLACE OF DEATH

MARYLAND

2. USUAL RESIDENCE (Where deceased lived (f institution Residence before admission) o. STATE Mary land

Month

June

Baltimore CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Catons ville

Lyr3mth28dvs

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

6 COUNTY

d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SPRING STATE HOSPITAL

d. STREET ADDRESS 3638 Cookidge Avenue e. IS RESIDENCE ON A FARM? YES NO F

3. NAME OF DECEASED (Type ar print)

a. COUNTY

First Florence

IMMEDIATE CAUSE (o)

Middle Barnes 4. DATE OF DEATH

Year 60 19

white

6. COLOR OR RACE 7. MARRIED A NEVER MARRIED DIVORCED [7] WIDOWED |

219-20-9275

B DATE OF BIRTH Feb. 25

IF UNDER 1 YEAR IF UNDER 24 HRS 59 (In years 9 AGE (In years Months Days 10a USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country)

Haurs 12 CITIZEN OF WHAT COUNTRY?

during most of working life, even if retired) housewife

Maryland

U. S. A.

13 FATHER'S NAME

female

14 MOTHER'S MAIDEN NAME

Elizabeth ? Kesmodel 15 WAS DECEASED EYER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.

17 INFORMANT Address Records: SPRING GROVE

STATE HOSPITAL

18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:

Arteriosclerotic cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to immediate

lying cause lost.

Haur a.m.

p. m.

cause (a), stating the under-

DUE TO

Generalized arteriosclerosis

DUE TO

22c NAME OF CEMETERY OR CREMATORY

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TE

(State)

CERTIFICATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year

220 BURIAL CREMATION, 226, DATE THEREOF

20d. INJURY OCCURRED While Not while at wark at work

20e PLACE OF INJURY (Home, farm, \$ 20f. (City or tawn) factory, street, affice bldg., etc.)

(County)

alive on

21. I certify that I attended the deceased from March 29, 19 60, to June 7, 19 60, that I last saw the deceased __, and that death accurred at 2:40p_M, from the causes and on the date stated above.

ADDRESS (Street, city or town, state) GROVE STATE

DATE SIGNED HOS. ITAL

(State)

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type)

Stella Wachsler, M. D.

Catonsville 28, Maryland

22d LOCATION (City, town, or county)

REMOVAL (Spec fy) 6/10/60 Loudon Park Cemetery Baltimore Manyland 23 FUNERAL DIRECTOR'S SIGNATURE LOWARD H. Hubbard

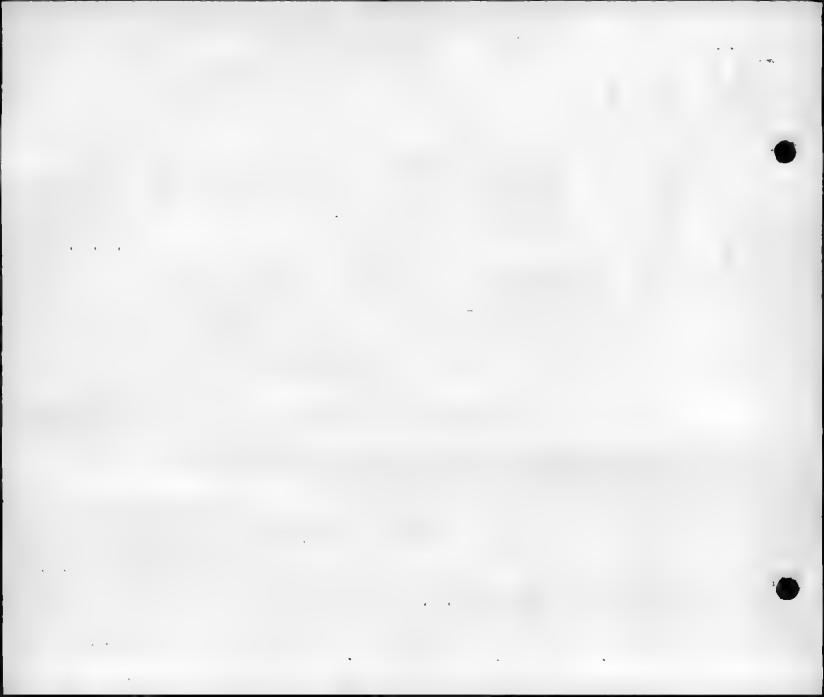
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aring S. Traus

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VS A15 (4) 15M 10/57

FUNER, m



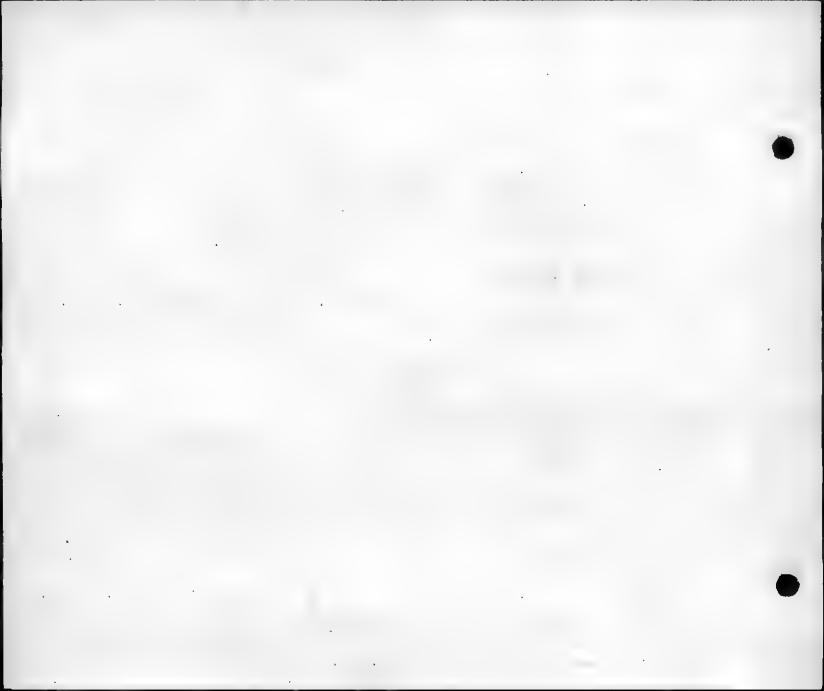
VS A1S (4) 15M 9/58

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH

06563

	3.0						R	eg. Dist. No		
1 PLACE OF DEATH 6. COUNTY	ltimore	MA	ARYLAND	2. USUAL RESID		re deceased lived b	If institution COUNTY		re admiss on)	
b. CITY OR TOWN (If a RURAL and give near		_ 7	AY IN 16	c, CITY OR T	OWNI(IF OU	Iside corporate lim	its, write RURA	L and give nec	orest town)	
OR INSTITUTION	(If not in haspital, give wynndale A	street address)		d STREET AI		idale Av	enue		e IS RESIDEN ON A FARI YES NO	42-
3. NAME OF DECEASED (Type or print)	First OLIV	E K IR	dle ENE	BARR		4. DATE OF DEATH	June	30		60
S. SEX	. COLOR OR RACE 7.	MARRIED NEVER MA	RRIED 🔲	B DATE OF BIRTH		9 AGI		UNDER 1 YEAR		
Female	White	DOWED DIVOR	CED 🔲	Oct. 1,	1876	8	Birthdoy) M	anths Days	Haurs M	ın
10a USUAL OCCUPATION during most of working	(Give kind of work done life, even if religed)	106 KIND OF BUSINES	S OR INDUS	TRY 11. BIRTHPLA	ACE (State o	r fareign country)		12 CITIZEN OF	WHATCOUN	TRY?
At home						Mich.		USA	<u> </u>	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NA	AME				
Con	rad Clever				y Sec	crist				
15, WAS DECEASED EVER (Yes, no. or unknown) 1 (If)	N J S ARMED FORCES			IFORMANT	_		Address			_
No			Ca	lvin A.	Barre	211 - 500	0 Gwyn	ndale 1	Ave	7
18. CAUSE OF DEATH	Enter only one couse	per line for (a), (b), and	(c).]					INTE	ERVAL BETWEE	N
PART I, DEATH	WAS CAUSED BY:	Uremia						1	week	1111
	DUE TO									
Conditions, if any,	which (b)	Chronic	olome	rulonepl	hritis			6	month	ıs
gove rise to imm	nediale Due To									_
lying cause last.	(c)									
PART I OTHER		ONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE CONT	DITION GIVEN	IN PART I(o)	9 WAS AUTO PERFORMED YES NO	7
200. ACCIDENT WAS OR CONTRIBUTING D	UNDERLYING 206 CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY	OCCURRED	(Enter nature of	rnįvry in Po	ort I ar Part II af i	tem 18)			
20c TIME OF INJURY Hour o. m.	1	20d. INJURY OCCURRED While Not while at work at work	20e PLA foc	ACE OF INJURY (F tory, street, affice	tame form, bldg., etc.)	20f (City or tow	n)	(County)	(S	itote)
21 1 certify that	Lattended the de	ceased from Sept	tembe	r 19 58	to J	June 30	1000 the	at I last sav	u the decer	7400
alive on June					0:30p	A, fram the c	auses and a	an the date	stated ab	ave.
ACTUAL SIGNATURE	illary 11	/rativel	7	W.D		DDRESS (Street, ci	ry ar rawn, stal	(c) #	7/1/6	0
PHYSICIAN'S NAME (Type)	Millard T.	Traband N	(D	510	1 Gw	ynn Oak	Ave. E	Balto.,	7, Md.	
22a. BURIAL, CREMATION. REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF C	EMETERY OF	CREMATORY	1	22d. LOCATION (C	lity, town, or c	ounty)	(State)	
Burial	7/5/1960	Drun I	Ridge	Cemete	ry	Pikesv	ille	Maryl	and	
23 CHINERAL BUREAUTH STO	TURE	COLCADORES!			240. REC'D	8Y REGISTRAR		AR'S SIGNATU	RE	
Ellsworth Ar	macost-460	00 Liberty H	Tghts	.Ave.	PATRI 5	'60	arthur.	8. Hours		

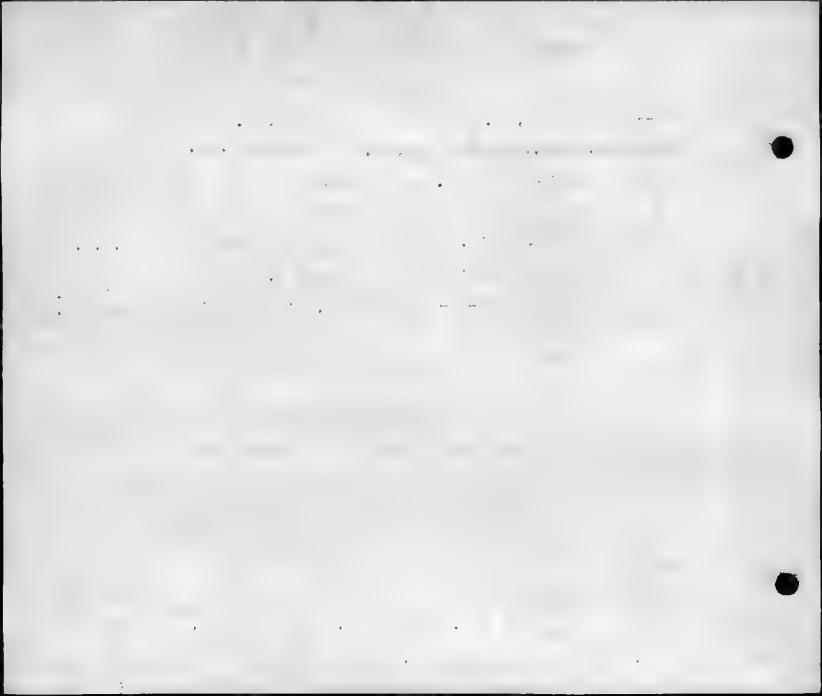


FOR STATE HUALTH DEPT.

TO DEPU MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PRM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perfuit. File pages 1 and 2 with the State Board of Pacifit, or its designated agent, prior to burial, cremation, or removal, and in any evant within 72 hours after death. VS. A15ME

	M.	ARYLAND	STATE DE	PARTMENT O	F HEALTH	
Division of	STATISTICAL RES	SEARCH AND	RECORDS,	301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
	SE MEDIC	AL EXA	MINER'S	CERTIFICATI	OF DEATH	-66564
CE OF DEATH	VULIN	W 0-99900 100		TISHAL BESIDENC	E (Where deceased lived If his	Liuban, Par dance before

I	I. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)
	Baltimore MARYLAND	•. STATE Marvland Baltimore
}	b CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	Rural Sparrows Point, Md. 5 MO . d. NAME OF HOSP TAL OR INSTITUTION (Left in hospital), give street address)	Dundalk, Md.
	Bethlehem Steel Hosp., Sparrows Point, Md.	3400 Sollers Pt. Rd. #22
	3. NAME OF First Middle	Lasi 4, DATE Month Day Year
	(Type or print) Arline x K.	Bazemore DEATH June 8 1960
ĺ	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	F White WIDOWED DIVORCED	9/29/22 31 yrs.
	10a USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTR dage during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	comptometer oper. Beth. Steel	Pennsylvania U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Frederick Kissinger	Pearl M. Werdt
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 1 (Yes, ng. or unkown) (Ifyasg yewerordetesofsery.ce)	Del Wil Md.
	The second secon	vin H. Kissinger 440 Maitland St.
	18. CAUSE OF DEATH [Enter only one coupe perfline for (a), (b), and (c).] PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONET AND DEATH
	IMMEDIATE CAUSE (a)	Has Colming Cetters & Men
	DUE TO A	Ha W d
	Conditions, if any, which	ic Heart des 10 yrs
	geva rise to immediate cause (a), stelling the undarlying DUE TO	
	cause last. (c)	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?
	13 Obesity	YES NO
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2D0 EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH.	nter netura of in jury In Part I or Pert II of items 18.)
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While tech	ory, street, office bldg., etc.)
	21. I certify that trook charge of the remains described above, he	Id an Autopsy , Inspection Inquiry and in my opinion
	death resulted from: Natural causes , Accident , Suici	de , Homicide , Undetermined manner
	(/ (in A) (A) 12.	CHIEF MEDICAL EXAMINER
	SIGNATURE ARRECT CALLERY	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S A C (1)	DEPUTY MEDICAL EXAMINER 2 1-8-66
	NAME (Typy) 3 17 CC COLLINS	Address (Street, city, town, or county)
	22a. BURIAL, CRÉMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	Rurial 6-11-1960 St. Johns Lu	
	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	JOHN J. DUDA 7922 Wise Ave. 22. Ma	ryland partin 13'60 Chila & House



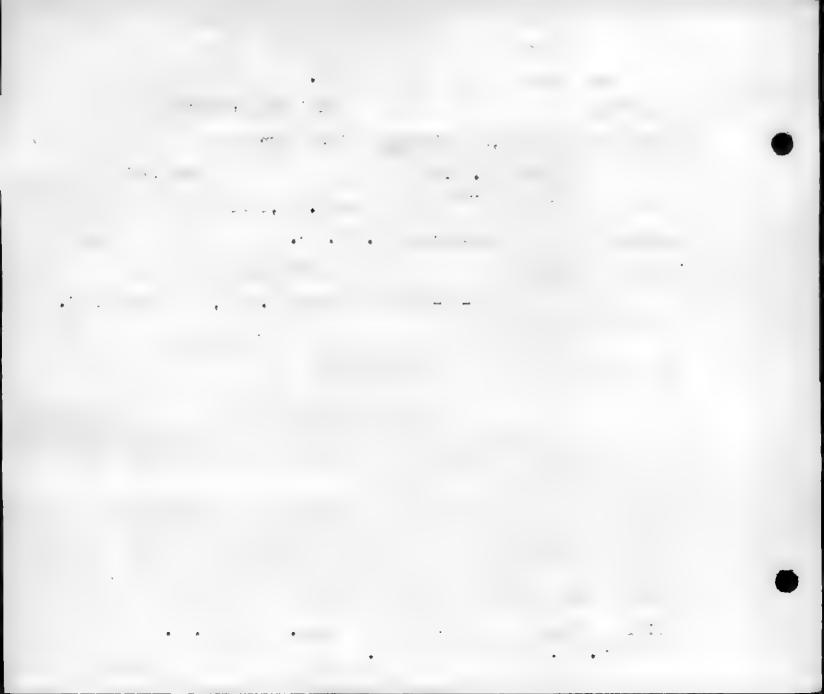
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

ORERE

6613	CERTIFICA	TE OF DEATH		00000
1 PLACE OF DEATH O COUNTY Beltimore	MARYLAND	2. USUAL RESIDENCE (WI	here deceased fixed IF institution b. COUNTY	Residence before admission)
b CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)	c LENGTH OF STAY IN 1b		outside corporate limits, write RU	RAL and give nearest town)
d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Summitt nursing Home,	98 Smithwood	d STREET ADDRESS	rnall Rå	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) Mauda	T. Blum	Last		.2/60 19
Female White WIDOW			1891 68 yrs	Months Days Hours Min
10a USJAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) Seamstreas	dee Chair Co	. W. Va.		USA
13 FATHER'S NAME Theodore Urback		Kather:	ine	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (19s. 70 or unknown) (If yes, give war or dates of service)		r Francia	J.Blum, 2795 Y	
Conditions, if any, which gove rise to immediate couse (a), staling the under- lying couse lost. Conditions, if any, which gove rise to immediate couse (a), staling the under- lying couse lost. Compart II OTHER SIGNIFICANT COND TIONS	CONTRIBUTING TO BEATH B. IT	3245	Will On 'S.	EN IN PART I(s) 19 WAS AUTOPSY
CCATIC	SCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
Hour o.m 19 White of wo	Not while fo	ACE OF INJURY (Home for ctory, street, office bldg , et	m, 20f. (City or town)	(County) (Stole
21 I certify that (1) (this haspital) attents saw the deceased alive on 220 SIGNATURE	. 11	death accurred At 2/5	2	d an the date stated above
22c PHYS CIAN S NAME (Type)	he Greth	22d ADDRESS	Frederick	(Rd (38)
230 BURIA, CREMATION 236 DATE THEREOF BURIAL (Specify) 6/15/60	23c NAME OF CEMETERY O	:	23d LOCATION (City, fown o	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24 FUNERAL DIRECTOR'S SIGNATURE Witzke Fun. Bir. 4101 E	dmondson Ave			TRAR'S SIGNATURE

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

t	PLACE OF DEATH				lo.		
L	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residence be b COUNTY	fore admission)		
	CITY OR TOWN (If outside corporate limits, write RURAL and give negret town)	17 Yrs.	BALTIMO	RE	nearest town)		
	1. NAME OF HOSPITAL (If not in hospital, give street of Name AUGSBURG HOME	oddress)	d. STREET ADDRESS 3012 WOO	DHOLM AVE.	e. IS RESIDENCE ON A FARM? YES NO		
(NAME OF DECEASED Type or print) EMILIE BOF	Middle NMANN	Lost	DEATH June 14, 60	Day Year		
5 5	FEMALE 6. COLOR OR RACE 7 MARR WIDOWE		s. date of Birth Sept. 25, 18	- Intertheral II a	AR IF UNDER 24 HRS Hours Min.		
100	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	NONE	STRY 11 BIRTHPLACE (Stote of BALTIMO)		OF WHAT COUNTRY?		
13.	FATHER'S NAME LUDWIG		14. MOTHER'S MAIDEN N	JUNGMANN			
75. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16		NFORMANT CORDS AUGSB	URG HOME 6811 CAN	APFIELD		
CERTIFICATION		Cerebral ONTRAUT NG TO DEATH BUT ENERGY OF THE PUT	Henry He Henry He Pectoris NOT REMATED TO THE TERMIN Interwi - Je D (Enter noture of injury in P	NANDISEASE CONDITION GIVEN IN PART 1(0)	ITERVAL BETWEEN NSET AND DEATH Death Death Property Death Death Property D		
ایا	·						
720	PHYSICIAN'S NAME (Type) Far / L. Cha BURIAL, CREMATION, 22b. DATE THEREOF	hen bers 4	M.D. 4108 July 4108 Liberty	Hts. Ave Balto - 22d LOCATION (City, town, or county)	7- mol.		

23. FUNERAL DIRECTOR'S SIGNATURE

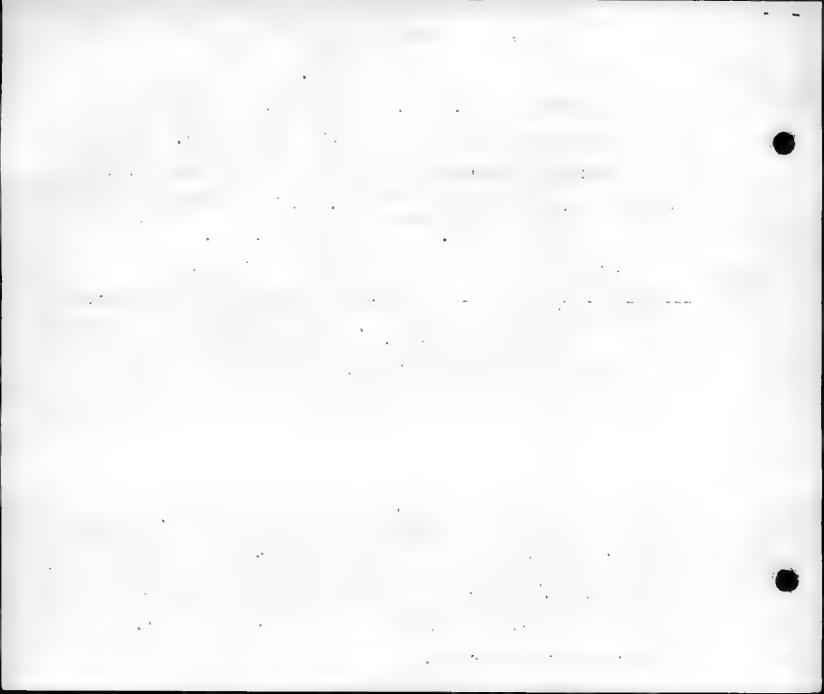
24g REC'D 8Y REGISTRAR DATE JUN 2 0 '60

24b. REGISTRAR'S SIGNATURE

.A. Heemann 6067 Harford Rd.

VS A15 (4) 15M 9/58

TO HOSPITA



VS A15 (4) 15M 9/58

RYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	G
204						H)

6615 CERTIFICATE OF DEATH

MA

E HEALTH—BALTIMORE, 18 06567 E DEATH Reg. Dist. No. 32

	A. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE 4
	Baltimore County MARYLAND	a. SIATE MARYLAND & COUNTY
	b C TY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Mt. Wilson, Maryland	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE CITY 1 4
-	d. NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION Mt. Wilson State Hospital	2615 NORTH CALVERT ST. ON A FARM? YES NO TO
	3. NAME OF DECRASED (Type or print) ALBERT CLARK	BRECHBIEL 4. DATE OF DEATH JUNE 25 1960
	5 SEX 6. COLOR OR RACE 7. MARRIED NIEVER MARRIED DIVORCED	8. DATE OF BIRTH JUNE 28, 1906 9. AGE (In years last birthday) Months Days Hours Min 53 yrs
	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if refired) LINE - MAN	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ENNSYLVANIA USA
	CHARLES A. BRECHBIEL	BARBARIA RAIN WATER
	(Yes, no, or unknown (If yes, give wor or dates of service)	Hospital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / LUIMONA R	
	DUE TO	
	Conditions, if any, which gave rise to immediate (b)	
	couse (a), stating the under-	
		T NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 177 NO [7]
		D (Enter nature of injury in Part I or Port I of item 18.)
	ZOc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20a. Pl Hour o. m. White Not white of work of two work at work at work 19	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	21. I certify that J attended the deceased fram. 5/28	, 19 59, ta 6 /2 5, 1960that I lost saw the deceased
	alive an 125 1960, and that death	accurred at 4 90 M from the causes and an the date stated above
	ACTUAL SIGNATURE WILLIAM MENCENTUS	ADDRESS (Street, city or town, stote) DATE SIGNED M.D. Mt. Wilson, Maryland
	PHYSICIAN'S NAME (Type) With Newcomer, M.D., Superinter	odent
	220. BURIAL, CREMAT ON, 226 DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d LOCATION (City, town, ar county) (State)
	BURIAL 6/28/60 LOUDON	PARK BALTIMORE, MD.
	23 EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
4	executive of Contrato con 10	, Ma. DATEJUN 28'60 aritus S. Kraus



certificote

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

06569

	<u> </u>	CERTIFICA	IL OI DEATH		- 4,
	PLACE OF DEATH		2 USUAL RESIDENCE (Who		an Residence before admission)
	Baltimore	MARYLAND	o STATE Maryla	and b. COUNTY	Anne Arundel
	C TY OR TOWN (If outside carporate imils, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If a	utside corporate limits, write Rt	URAL and give nearest town)
	Fort Howard	21 Hours	Pasader	18.	
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Veterans Administration	Hospital	Route 8,	Box 486 B	YES NO
- 1	NAME OF CHARLES	F. Middle BRE	NNER Lost	4. DATE Mon	
	(Type or print) Served As: CHARLES	(NMT)	BRENNER	DEATH JU	
5 5	9.6 - 9 - 5.9 - 2.2 -		B. DATE OF BIRTH	9 AGE (In years ast birthday)	FUNDER 1 YEAR FUNDER 24 HR
	Male White widow	The state of the s	10/28/94	65 yrs	
(Qa	USUAL OCCUPATION (Give kind of wark dane 10b during mast of warking life, even if retired)	KIND OF BUSINESS OR INDUS S.Naval Contrac	TRY 11 BIRTHPLACE (Stole (or fareign country)	12 CITIZEN OF WHAT COUNTRY
	Procurement Agent i	no.	New York	, New York	U.S.A.
13	FATHER'S NAME	.0.	14. MOTHER'S MAIDEN N		
	Abraham Brenner		Mollie S	tein	
I 5 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 IN	FORMANT	Addr	ress
	Yes WWI 2	19-36-8585 Cli	n.Rec.VAH.Bal	to.18.Md.Fort	Harard Division
	18 CAUSE OF DEATH [Enter only one cause per li				INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	TURED ABDOMINAL	AORTIC AMELIE	YSM	ONSET AND DEATH
	Li DOMENSE		AND ALLES		- OHILIA ONIA
	- 1 M	ORRHAGIC PANCRE	ATTTTS		IINKNOWN
	gave rise to immediate WYEVEX	OMERICA TAMOITE			UNKNUMN
	coose (a), starting title onder-	INING RUPTURE O	F CECHM		IINKNOWN
Z	PAIR II. OTHER SIGNIFICANT CONDITIONS			NAL D SEASE CONDITION GIV	PART TO 19 WAS AUTOPS
CERTIFICATION					PERFORMED?
TER	20a. ACCIDENT WAS UNDERLYING [20b. DES	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	art I or Parl (! of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
CAL.	20c T ME OF INJURY Month, Doy, Year 20d. I	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(Caunty) (Stat
WEDICAL	Hour a.m. While		ory, street, affice bldg., etc.		
2				(O T)	(5 . 11
	21 I certify that (I) (this haspital) attend				The second secon
	saw the deceased alive an June 4	19.00 and that de	eath accurred at 711	WAIson the causes an	d an the date stated above
	2		ATTENDING ME		22b. DATE SIGNE
	22c PHYSICIAN'S LOUNEL CO	AMI ander	1.D PHYS. DIE	RECTOR PHYS XX	6/4/60
	NAME (Types LAWRENCE D. MAR	CIS M.D.	VAH.BALTO.	18 MM FT. HE	WARD DIVISION
23a	BURIAL, CREMATION, 235 DATE THEREOF	23c NAME OF CEMETERY OR		23d-LOCATION (Cyplawn, o	
	REMOVAL (Specify) 6-8-60	Meadowridge Me		House Co	35 3 3
24.	EUTRAL PRECIONALIGNAURE	ADDRESS.		8Y REGISTRAR 256 REGIS	Maryland STRAR'S SIGNATURE
1	retard - desiglation	200 Crain Hi	COLEDIA		
D	ingleton Funeral Home	Baltimore. N	ary and DATEJUN	Civi	ing & thomas

10 after death Pager

funeral director,

and 2 shou

TO HOSPIT. RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr may be read by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and the State Breat of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death

VR A15 (4) 15M 9/59



ON A FARM? YES NO D

Year

ONSET AND DEATH

PERFORMED?

YES NO F

(State)

6 mos

196

DATE JUN 2 0 '60

I director, filed with funerol uld be fi g od aug physician attending ₽ permit ansit been si cremotion, burial-tr certificate has the ed DIRECTOR: moy be r 9



CERTIFICATE OF DEATH 2210

	0012			Keg. Di	Sr. No.			
	1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Whe STATE Mary La	nd b COUNTY	ice before admission)			
	b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	18yr8mth22dys	Baltimore	tside corporate limits, write RURAL and	give nearest town)			
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPRING GROVE STATE HOSE	oddress)	d street address 1721 Hollin	s Street	e IS RESIDENCE ON A FARM? YES NO			
	3 NAME OF First DECEASED (Type or print) Florence	Middle	Brooks	4. DATE Month OF JUNG	0ay Year 5 19 60			
	5 SEX 6 COLOR OR RACE 7 MARK female white WIDOW		February 22,	1887 73 yrs IF UNDER Months	Doys Hours Min.			
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) housewife	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stole o		S. A.			
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	AME				
1	Thomas M. Ferchant		Ella	?				
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)		cords: SPRIN	Address IG GROVE STATE H	OSPITAL			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under: DUE TO DUE TO	Terminal bro	onchopneumonia m with metast		INTERVAL SETWEEN ONSET AND DEATH			
À	lying couse lost. (c) Cancer of breast.							
eed	PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER	ONTRIBUTING TO DEATH SUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO			
		CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Pa	ort I or Port H of item 18)				
	G Hour o.m. While	NJURY OCCURRED Not while tool work	CE OF INJURY (Home, farm, Pary, street, affice bldg., etc.)		County) (Stote)			
	21. I certify that I attended the deceas alive on June 5 19 ACTUAL SIGNATURE SULLA WACK:	60, and that death	occurred at 11:25p	O.M., from the causes and on to DORESS (Street, city or town, state) OVE STALE HOSPIT	DATE SIGNE			
	NAME (Type) SUBLITE WEIGHT			e 28, Maryland				
	220. BURIAL CREMATION, 226 DATE THEREOF (P. 8.60)	1220 HAME OF CEMETERY OF	ed. Selvool	Ballmon CV	(Stote)			
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY KEGISTRAR 246 REGISTRAR'S SI				
			DATELLA	9 '60 1 (24 - 8	44			

ofter death Page 4 the funeral director, should be filed with shauld be O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 imay be read by the hospital ar attending physician.

O FUNERAL CAECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours after death. may be re TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DRE 1. MARYLAND

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DIVISION	OF STATISTICAL	RESEARCH	AND R	RECORD	s — BALT	TMC
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IE OF DEATH				110	777
2. USUAL RESIDENCE (Where decease	d lived. I	f institution:			
o STATE MARYTAND	Ь. (COUNTY	_z ueen	An	ne's

BALITIMERE	INDE I GOOD	MARYLAND	Aneen ville
CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corpore	ote limits, write RURAL and give nearest to
RURAL and give nearest town)			1111

CHURCH HILL HOWARD d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE

OR INSTITUTION ON A FARM? YES A NO VETERANS ADMINISTRATION HOSPITAL Middle 4. DATE Month Year last Day OF DEATH DECEASED (Type or print) WILLIAM D. BROWN June 19 60 S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9, AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH last birthday) Months

White DIVORCED [6Ы Male WIDOWED [yrs. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?

during most of working life, even if retired) U.S.A. FARM FARMER GOLDSBORO MARYLAND

13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME

THOMAS LULA THARP 17, INFORMANT Address S. ARMED FORCES? 16. SOCIAL SECURITY NO IS. WAS DECEASED EVER IN U

222-07-161@IIN REC. VAH BALTO MD _HOWARD DIVISION CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN

ONSET AND DEATH PART I DEATH WAS CAUSED BY (6) EPIDER TOID CARCINOMA OF SKIN, FACE WITH YEAR **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost.

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY Hypertensive Cardiovascular Disease (Operations: Excision of Epidermoid Carcinoma of Face 8/10/59 Excision left
20b DESCRIPTION INVIVOCATION (Enter noture of injury in Part II or Part II of them IE) YES NO X Dermatitis Actinic

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg , etc.) Hour a.m. While Nat while

at wark at work p. m. 21 I certify that (It (this haspital) attended the deceased from Sept. 28. ... 19.59 to June 21 ..., 1960, thought (we) last 1960, and that death accurred at 1:119/from the causes and an the date stated above saw the deceased alive an June 21

22a 5 GNATURE 225 DATE SIGNED 60 PHYS. DIRECTOR _ PHYS

22c PHYSICIAN'S 22d ADDRESS

(County)

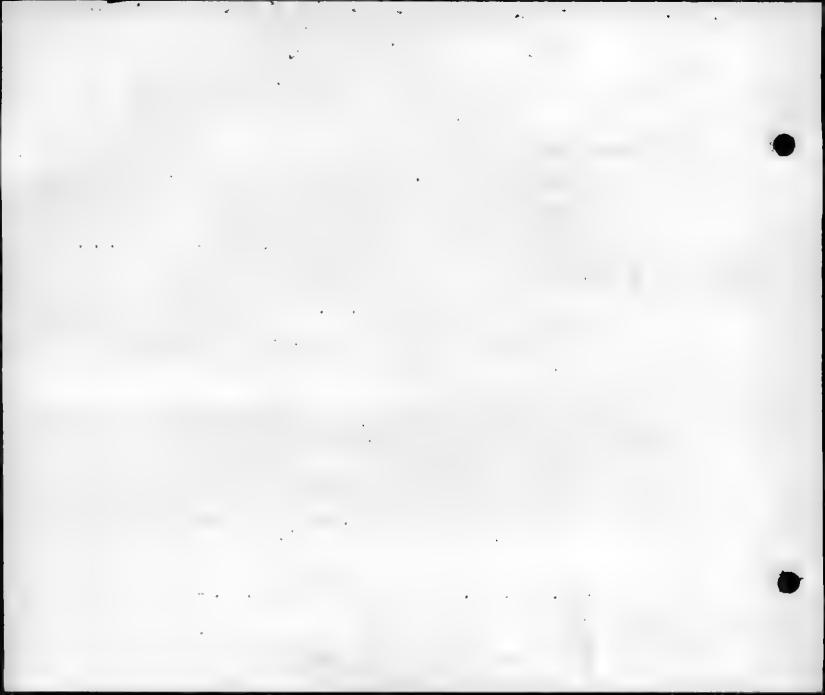
(Stote)

	CLYDE B. CUPE, M	.1).	VAH	BALITU'	· 1111 · -	FT HOWARL	DIA TOTA
23c	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR CREMAT	ORY	23d	LOCATION (Cit	y lown, or county)	(Stote)

· 64 -60 Felton. Delaware Mount Olive ADDRESS 25a REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE JUN 24'60 arthur & thank

puo physicion 9 ō RECTOR: O FUNERAL PLACE OF DEATH o. COUNTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

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St.Clair Funeral Home Cambridge Maryland

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CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission b. COUNTY Maryland b. COUNTY MARYLAND Talbot Baltimore b CIY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 150 Days Oxford Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? P. O. Box 40 YES NO IX Veterans Administration Hospital Middle Last 4. DATE Month Year DECEASED DEATH (Type or print) MORRIS C. BUTTER June 60 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED TENEVER MARRIED B. DATE OF BIRTH Cost b rthooy) Months DIVORCED [October 11.1892 Male Negro WIDOWED [7] 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Oxford, Maryland Laborer - Fisherman Fishing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Fields Morris C. Butler 17 INFORMANT S ARMED FORCES? 16 SOCIAL SECURITY NO Address Yes no or unknown Clin.Records, VAH, Balto. 18, Md. Fort Howard Div. 220-03-3314 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARCINOMA OF RIGHT KIDNEY WITH METASTASES TO THE IMMEDIATE CAUSE (a) XXXXX ADRENALS, LUNGS, LIVER AND PERIAORTIC LYMPH NODES UNKNOWN Conditions, if any, which UNKNOWN TUMOR THROMBOSIS OF THE RIGHT RENAL VEIN AND VENA gove rise to immediate delection CAVA couse (o), stating the undersying couse lost (c) EDEMA OF THE LUNGS RECENT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? FICATI MODERATE GENERALIZED ARTERIOSCLEROSIS YESKIX NO 200 ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) CERT 20c TIME OF INJURY 20e PLACE OF INJURY [Home, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a m While Not while ot work at work 19 60 to June 29 1960 that (1 (we) lost 21 I certify thosen (this hospital) attended the deceased from January 31 1960 , and that death occurred GPP sow the deceased alive on June 29 M, from the causes and on the date stated above 22a, SIGNATURI 22b DATE 60 60 ATTENDING PHYS STAFF PHYS X M.D DIRECTOR | 22c PHYSIC AN'S 22d ADDRESS B. COPE. M.D. M.D. VAH, BALTO. 18 MD. FT. HOWARD DIVISION 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) (State) REMOVAL (Specify) Odd Fellows Cemetery Talbot County, Maryland 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR 1808 N.Monroe St. arthur S. Thous DATE MIL Arlington S. Phillips



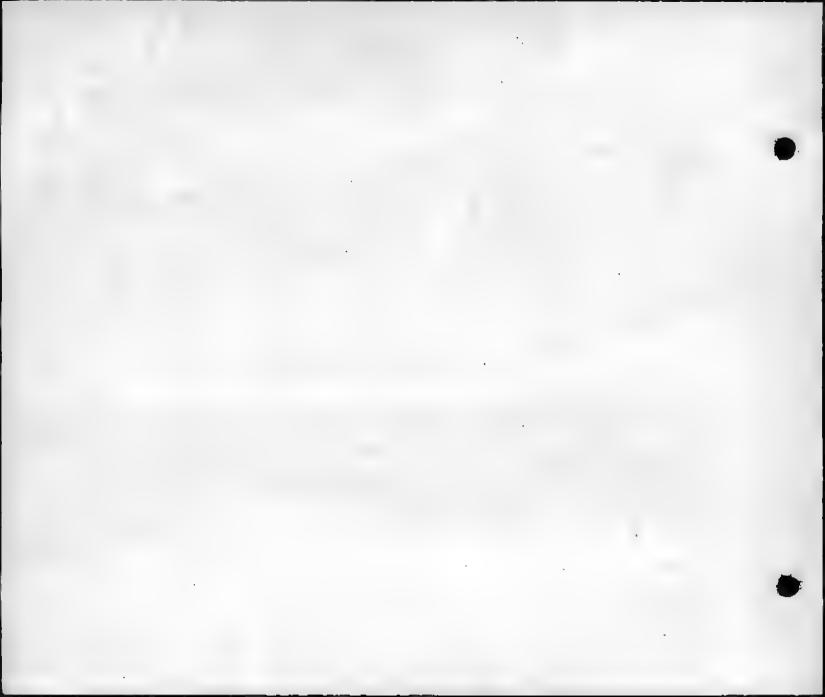
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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6622	CERTIFICATE	OF	DEATH	

CERTIFICATE OF DEATH

PLACE OF BEATH OCUPY OCU	<u> </u>				Reg. Dis	l. No.
RUBAL COREST IN ORDERS d. NAME OF ROUTHAL (If not in hospital, give street oddress) d. STREET ADDRESS CRASHILLON TO CONTROLLING IN ORDERS I ANALO OR COUNTROLLING IN ORDERS TO CHARLES IN ORDERS THOSE OF PEATH (If not in hospital, give street oddress) J. AARE CRASHILLON TO CHARLES IN ORDERS TO CHARLES IN ORDERS TO CHARLES IN ORDERS TO CHARLES IN ORDERS J. AARE CRASHILLON TO CHARLES IN ORDERS TO CHARLES IN	1		e MARYLAND	2. USUAL RESIDENCE (Where do state Maryla	eceased lived. If institution Residence b. COUNTY Sa	e before admission)
S. NAME OF DECRASOR S. NAME OF DECRASOR S. O. COLOR OF NACE TAMBREED NOTE MARRIED B. DATE OF NAME DATE THE DECRASOR S. SEX S. COLOR OF NACE TAMBREED NOTE MARRIED B. DATE OF NAME 100. USUAL OCCUPATION (Core land of prod done 100 kind Of grushings) DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Core land of prod done 100 kind Of grushings) DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Core land of prod done 100 kind Of grushings or name DIVORCED DIV		RURAL and g le néprest town)	12	1 30 //	r corporate limits, write RURAL and gr	ve negrest lown)
DECEMBER OF INTERVALED TO LEARN SOUTH STATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19 WAS AUTOPSY PERFORMED? DECEMBER OF THE PART 19 WAS AUTOPSY PERFORMED? 20 WAS AUTOPSY PERFORMED. 20 WAS AUTOPSY PERFORMED. 20 WAS AUTOPSY PERFORMED. 20 WAS AUTOPSY PERFO		OR INSTITUTION & E	ddress) Rd	of STREET ADDRESS	tin Rd	ON A FARM?
100. USIAL OCCUPATION (Give hind of proxis done) 100. KIND OF SUSINESS OR INDUSTRY 11. BIRTHFLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. COUNTRY OF OWNERS OF ORDERS. 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o). (b) and (c) and		DECEASED	1)	0 0 19	OF	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for [0]. [b]. grd [0] 18. CAUSE OF DEATH Enter only one couse per line for [0]. [b]. grd [0] 19. WAS DECEASED EVER 18. ONE FAND DEATH 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. CAUSE OF DEATH 18. ONE FAND	5	Franco off-f-		1000 1 1 1000	last birthday) Months 1	
IS WAS DECEASED EVER IN U. S. ARMED FORCES? IT WAS COLORADOR OF DEATH [Enter only one couse per line for (o). (b). and [c] PART I. DEATH WAS CAUSE OF DEATH [Enter only one couse per line for (o). (b). and [c] PART I. DEATH WAS CAUSE OF DEATH [Enter only one couse per line for (o). (b). and [c] Conditions, if only, which gove rise to immediate [c]. DUE TO Conditions, if only, which gove rise to immediate [c]. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES OA ACCIDENT WAS UNDERLYING [200 ACCIDENT WAS UNDERLYING [200 ACCIDENT WAS UNDERLYING [201 ACCIDENT WAS UNDERLYING	L	during most of working life, even it enjred)	IND OF JUSINESS OR INDU	Belfutor	eign country) 12 CITI	TEN OF WHAT COUNTRY
Text 10 Or Invited Text	13.			14. MOTHER'S MAIDEN NAME		1
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PERFORMED? YES NO	7	lying couse last. DUE TO			2	
OR CONTRIBUTING CAUSE OF DEATH County County County	Š					PERFORMED?
21. I certify that I attended the deceased from		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
olive one of the property of t	MEDIC	Hour a.m. While	Not while fo	ACE OF INJURY (Home, farm, 20) ctory, street, affice bldg., etc.)		ounly) (Stale)
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NAME (Type) COLOR COUNTY			Keso	ADDRI		
PARK WOOD PARK WOOD PARK WOOD PARK WOOD 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE		PHYSICIAN'S Walter T.	KEES	201	eory land	
111 1 Deep English Dal House 1121 Relation		30 R/176 6/25/60	TAA		500	
	23.			Fig. 8	100	



L			23	CERTIF	IC/	ATE OF DEATH	1		Reg. Di	st. No.		
	PLACE OF DEATH	altimore		MARYL	AND	2 USUAL RESIDENCE (WHO STATE		l lived, If institution b. COUNTY	-		re admiss	•
	RURAL and give ne	outside corporate limi arest fawn) a 1 t i mare	ts, write	c. LENGTH OF STAY II	N 1b	E CITY OR TOWN (IF o			URAL ond	give neo	rest tawn)
	d. NAME OF HOSPIT	AL (If not in hospital, g 507 Over?	ropl	address) Rd.		d STREET ADDRESS	Avla	rock A	۹.		e. IS RESIDENCE ON A FARM?, YES NO EX	
	NAME OF DECEASED (Type or print)	J(Middle		CARELLI	4. DATE OF DEATH	6/27/50	h	Do	•	Yeor
5.	sex .	6. COLOR OR RACE	7. MARR	DIVORCED	' LJ	8. date of Birth Nov. 21,189		9. AGE (In years last birthday) 65 yrs.	Months .	Doy1	Hours	R 24 HRS Min
10a	during most of work	ing life, even if retired		KIND OF BUSINESS OR		STRY II. BIRTHPLACE (SIGN) Italy	or foreign co	ountry)	12. CI	U.		COUNTRY?
13.	FATHER'S NAME	ruspero d	arel	li		i argher		anfroli	Ĺ			
		R IN U. S. ARMED FOR If yet, give war or dofes of s		1-01-6102	1	Margaret Ca	relli	Add: -207 Ct		rock	্ শ্র	. 12
	Conditions, if or gove rise to in couse (a), stoting I lying couse last.	the under (c	Ci	monary Moriosche	The	rombosis				ONS	RVAL BE ET AND	DEATH
CERTIFICATION			DITIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	RMED?
	20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b DESC	RIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in I	Part I or Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	While	JURY OCCURRED Not white at work	70e PL	ACE OF INJURY (Hame, farm clory, street, affice bldg , etc.	, 20f. (City	ar lown]	(County)		(State)
220	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	196 P	~ 7/		m. 6805	M, fram ADDRESS (SI	the causes of th	and on tostote)	he dat	le state 0/ /27 /27 /State	d abave.
3	REMOVAL (Specify)	rial 7/1	760	orthwee	-	Jemetery	Nort	h-I hila	dal	hia	. , Fe	nn.

ADDRESS

Wm Cook-Towson, Inc. 1050 York Rd. Towson DATE JUN 2 9'60

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

TO FUNER

23. FUNERAL DIRECTOR'S SIGNATURE

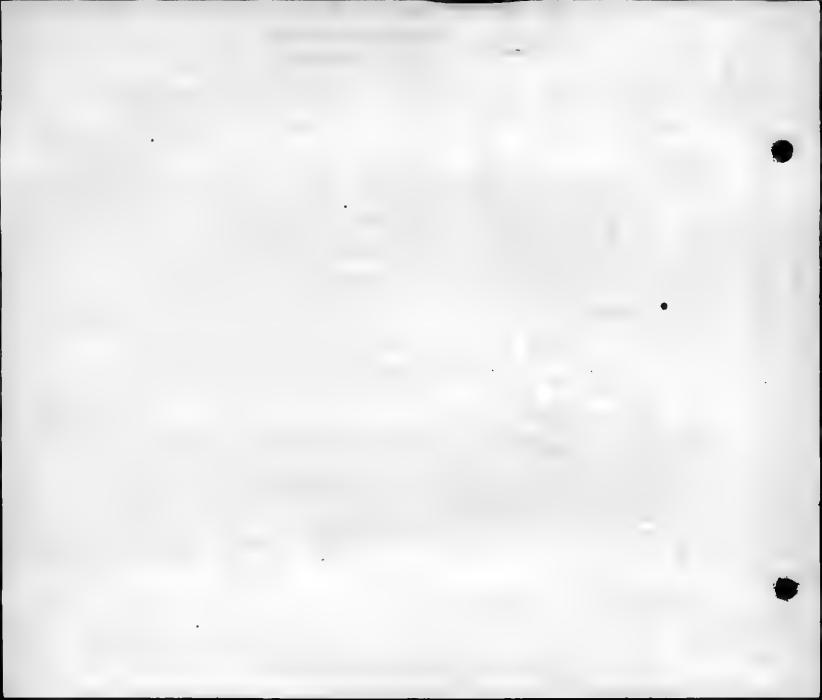
may be the haspital or ottending physicion.

Define Fune Street Street His certificate has been signed by the attending physician and completely filled they the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to busial, cremation, as removal, and in any event within 72 hours offer death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

hours after death Page 4.

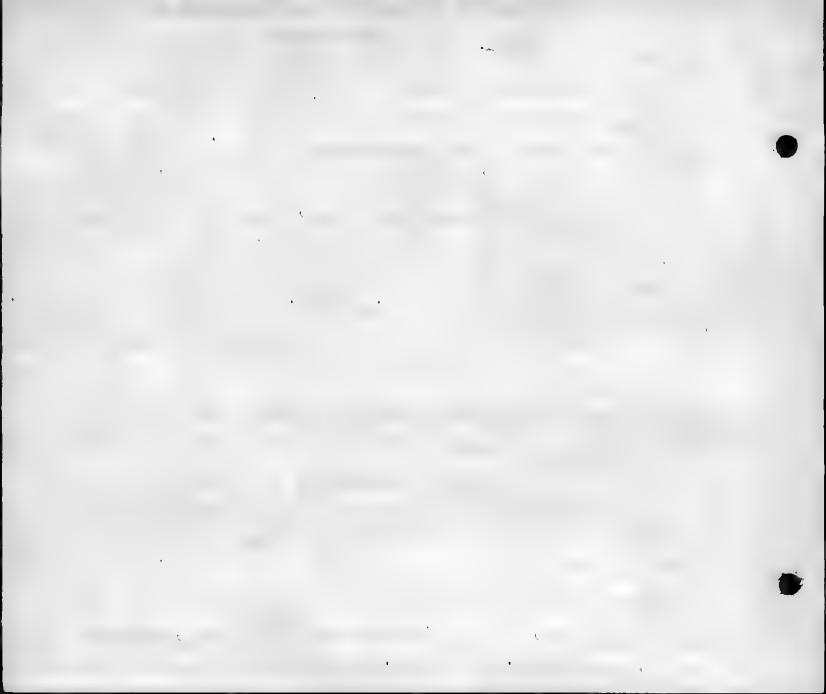
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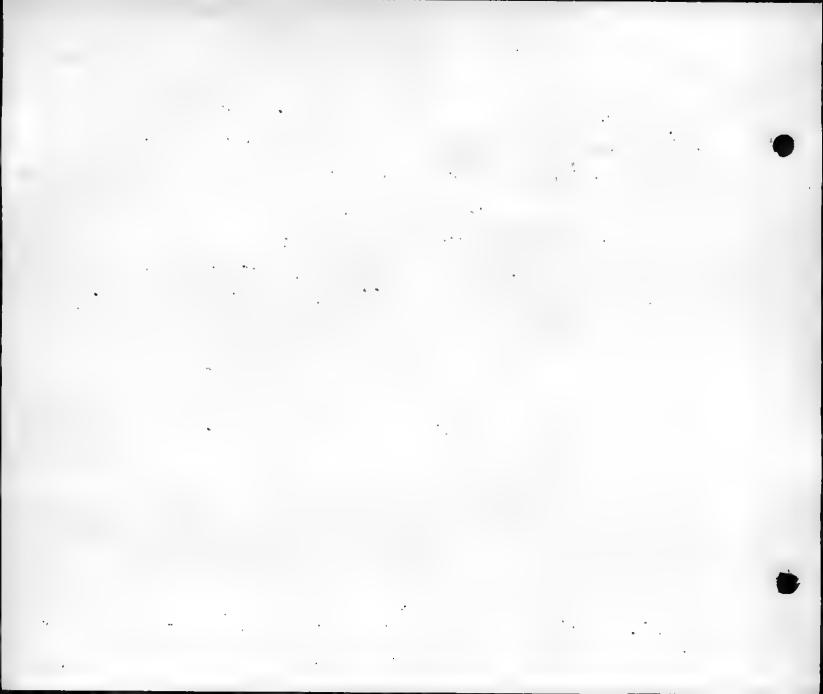
Item ld, Film CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimons o. STATELA AULand b COUNTRY LIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) Baltimone 20 d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE 7044 Fastbrook Ave. ON A FARM? YES NO MX 7044 Eastbrook Avenue (ovt.home NAME OF Tune 27, 7960 Year DECEASED Frances annoll (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours DIVORCED | WIDOWED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore. Haruland home. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Weben 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Oarroll Sr 7044 Castbrook Ave. 17. INFORMANT no or 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] dio-vascular disens ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cattle (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. [City or town] (County) (Stote) foctory, street, office bldg., etc.) o. m. Not while of work of work MME 21. 19 60 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 9 M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) 3 SIGNATURE О 3 shaul PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL [Specify] Daltimore. ltimone (emetern 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. RÉGISTRAR'S SIGNATURE 3000 E. Paltimore St. VS A15 (4) arthur & Kraus

ifter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

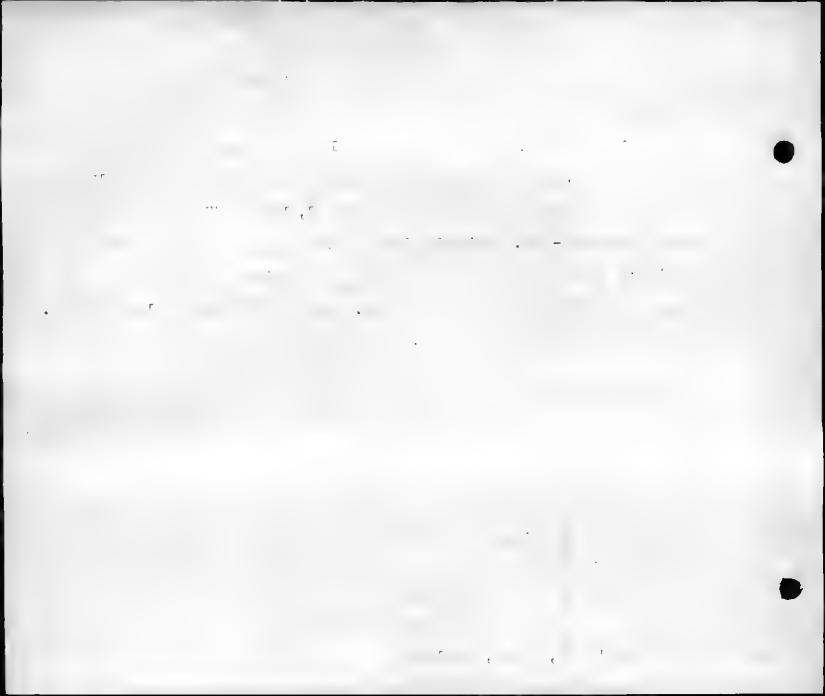


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
6626 CERTIFICATE OF DEATH

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1 PLACE C	OF DEATH NTY BA	LTIMORE		MARYLAND		STATE	RYL		d lived. If insti b. COUN	TY _	esidence b		ission)
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d. NAM	NSTITUT ON	AL (If not in haspital,	give street	oddress)	, d	STREET ADD						ON	ESIDENCE A FARM?
	15	BELFAST RO	DAD		14	15 BE	y no k	T_RO	AD			YES	NO N
3 NAME C DECEASI (Type or	ED	JOHN	rst	Middle B	CAF	REER		4 DATE OF DEATH		Aanth UNE		Day	Year 19 60
S. SEX		6 COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. DAT	E OF BIRTH			9. AGE (In yes	ars IF U			DER 24 HRS.
MAI	LE	WHITE	WIDOW	ED DIVORCED	APF	RIL 21.	. 188	38	1	rs Mo	inths Doy	ys Haur	rs Min.
10a USJAL	LOCCUPATIO	N (Give kind of work	dane 10b	KIND OF BUSINESS OR INI	OUSTRY 1	1. BIRTHPLAC			country)	1	12. CITIZEN	OF WHA	TCOUNTRY
		ing life, even if retired forker— Re		holesale Flor	ist	MARYI	AND				TE	A	
13. FATHER	'S NAME					MOTHER'S M		AME					
Wi	lliam C	Carter				7 H	Bobli	Ltz					
	ECEASED EVER	IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	INFORM				-	Address			
YES		WWI	-	217-12-3034	MRS.	GERALI	DINE	ZEMBO	Wer	_1	5 BEL	_	
IB CA			ause per li	ine for (a), (b), and (c).]	1 1	0		. 1					BETWEEN DEATH
A.	PARE I. DEAL	TH WAS CAUSED BY. IMMEDIATE CAUSE (a) N	YULAKDIAL	INI	FARC	16	.V.				1 1	110
Louis	+) (DUE TO										,	105
	ditions, if on		17K	TERIOSCLER	0513	>						O)	163.
	gave rise to immediate cause (a), staling the under-												
	1/2 1/2												
CATION	PART II OTH	ER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH B	UT NOT R	RELATED TO TI	HE TERMII	NAL DISEAS	SE CONDIT ON	GIVEN I	N PART 1(d	PER	S AUTOPSY FORMED?
OR CO	DNTRIBUTING	S UNDERLYING CAUSE OF DEATH MED CAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enk	er nature af i	njury in P	Part I or Pa	rt II af tem 18.)				
	ME OF INJURY Haur a.m. p. m.	Y Manth, Doy, Yo	While			F INJURY (Ho treet, affice b	idg., etc.		y or town)		(Caur	sty}	(State
23 1 6	certify that	t (I) (this-hospita	l) atten	ded the deceased from	n _		, 19	57 to.	JUNE 1	3	1960	that (I	(we) las
saw !	the decease	ed alive an	-25	19 & C and tha	t death	accurred	08 A	M, from	the causes	and a	n the d	ate stati	ed abave
22a. SI	IGNATURE	//	,										226, DATE SIGNED
	ri alle	asselvt i	ila	trety	MD	ATTENDING PHYS	DI ME	RECTOR -	STAFF PHYS.			6	14 60
22c Ph	HYSICIAN'S AME (Type)	VILLIAND	A. 1	PILL & BURY	6	7/1	•	, u wi	, 11				
23a BURIA	L, CREMAT OF	N, 235 DATE THERE	OF .	23c NAME OF CEMETERY	OR CREA	MATORY		23d LOC/	TION (City tay	n, ar ca	ounty)	(\$	tate)
BUR	VAL (Specify)	6-16-		FORK METHOD	IST C	CEMETER	RY		Baltimo			,	
	AL DIRECTOR'S			ADDRESS		2	50 REC'I	D BY REGIS	TRAR 255 R	EG:STRA	R'S SIGNA	ATURE	
JOUR	n Burns	s Sons, To	owson	, Maryland		٥	DATE JU	IN 16	60	arity	12 8 to	Eraus.	

VR A15 (4) 1SM 9/59



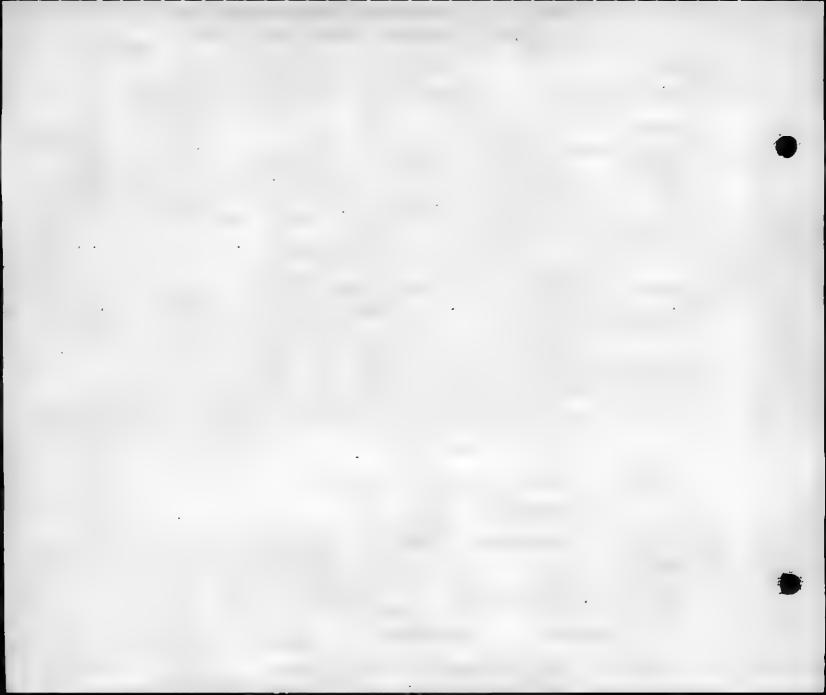
PLACE OF DEATH o. COUNTY

b. CITY OR TOWN

MARYLAND STATE DEPARTME				18 r.(j.6;5	No.	
Baltimore MARYLAND	2. USUAL RESIDENCE (W	where decesses yland	b COUNTY			ission)
() outside corporate finits, write RURAL c. LENGTH OF STAY IN 16 unit	c. CITY OR TOWN (III	outside corp ndalk	orote limits, write	RURAL and giv	re neares) to	iwn}
ITAL OR INSTITUTION (If not in hospital, give street address) dge Beach	d. street Address / 212 Dt	eroit	Ave.		ON	RESIDENCE A FARM?
JAMES CLARY CASTIGLIONE	Lost	4. DATE OF DEATH	Month June			Yeor
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	Nov. 24, 195		9. AGE (In years lost birthday) 6 yrs.	Months Day		Min.
ION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTING Life, even if retired)	Washingto	n, D.C	**		S.A.	COUNTRY
cebt Castiglione	Joan Ne					
I (If yes, give war or signes of service)	ncent Castig	lione	Address 212 Detr	oit Avo	3.	
ATH [Enter only one cause per line for (a), (b), and (c).] ATH WAS CAUSED BY: MAMEDIATE CAUSE (a) D C C V V V V V V V V	G				NTERVAL BETWO	
OUE TO						

d. NAME OF HOSE Waterse NAME OF DECEASED (Type or print) 5. SFX Male 10a, USUAL OCCUPAT during most of worl Scho 13. FATHER'S NAME Vin 15. WAS DECEASED NO . 18. CAUSE OF DE PART I. DE gave rise to immediate couse **DUE TO** (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPS CERTIFICATION PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY & 67 CONTRIBUTING CAUSE OF DEATH. 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part / or Part it of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 200 PLACE OF INJURY (Home, form, 120f. (Sigle) factory, street, affice bldg., etc.) Not while at work at work 19 60 p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 12 Inquiry death resulted from: _Hatte Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** M.B. Davis, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER IN 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (State) REMOVAL (Specify) Parkville, Md. 29/60 Moreland Park Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR Ullrich Funeral Home Dundalk, Md. Chilling S. Krous 160 DATEHU

VS. A15ME(5) 5M 9/55



1 40	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
78	CERTIFICATE OF DEATH Reg. Dist. No.)
director illed with	1 PLACE OF DEATH O COUNTY Ballinore MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before or o. STATE W.d. b. COUNTY Ballin	dmission)
funeral old be f	b. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest RURAL and give nearest town) PRESENTILLE 8 90 spears 20 Walker as Present	
the d 2 show	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d STREET ADDRESS e is	RES DENCE ON A FARM? S NO Z
illed in	3 NAME OF Potrick Henry Walker Caughy St DEATH Day	Yeor 19 6 0
rs. Pog	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DEVEROR DIVORCED D	
nd comp n popel	10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) Access Personnel S, Mol 12 CITIZEN OF W RESOURCE S, Mol 12 CITIZEN OF W	HAT COUNTR
ician ar	13 FATHER'S NAME Hamilton Caughy 14 MOTHER'S MAIDEN NAME Elisabeth R. Foreman	_
ng physician remaye con 72 hoors aff	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (19 year give wor or dotes of service) 212-12-5805 Marguerit Caughy Same	
attendir n please within	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c)] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Chiteria submather heart desease	L BETWEEN
by the it. Thei iy event	5 y	ears
signed signed it perm nd in ar	gove rise to immediate couse (a), storing the <u>under-lying couse last.</u> Lying couse last.	
physicia as been ial-trans aval, ar		AS AUTOPSY ERFORMED?
ficate h	20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
nis certification	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w	(Stote
After t After thed for irial, cri	21. I certify that I attended the deceosed from FRC , 1952, to June 19, 1960, that I lost sow I olive on 6-13, 1960, and that death occurred at 10 AM from the causes and on the data.	
ECTOR: be defoc or to bu	olive on 6 19 , 182 , ond that death occurred at 12 H. M. from the causes and on the date s ADDRESS (Street, city or town, stote) SIGNATURE Charles W. Williams M. 1632 Printeration Read	DATE SIGN
A Lease transfer pri	PHYSICIAN'S Charles H. Williams Pekasvelle 8, 12d.	
FUNES Page 3 he regis	220 BURNING CONVENION TO PART THEORY	Stole
VS A15 (4)	23 FLNERAL DIRECTOR'S SIGNATURE ACTIONS ACTION ACTIONS ACTIONS ACTIONS ACTIONS ACTIONS ACTIONS ACTIONS	
J/6 19/3/	The state of the s	



DATE SIGNED 6/21/60

	6621	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	No.
PLACE OF DEATH			2. USUAL RESIDENCE (Who o. STATE		If institution Residence	before adm ssion)
DAK	TIMORE	MARYLAND	MAKS	LAKS	-SAK	Finces
BURAL and give nearest		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or			re nearest town)
d. NAME OF HOSPITAL (IF	ST/1/15	54RS.6 MC	d. STREET ADDRESS	more		e, IS RESIDENCE
ROSEWOCA	STATE TRA	ININE SCHOO	4 1/10 0 1	lerTH	AVENCL	YES NO
B. NAME OF DECEASED (Type or print)	CHARLES	Middle HENDERS		4. DATE OF DEATH	TWNE	20 196C
s. sex	OLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9 AGE	1.1.41.51.11	YEAR IF JNDER 24 HRS
MALE	NHITE WIDOWE		APRIL 13,1	950 11	yrs.	
IDa. USJAL OCCUPATION (Go during mast of working lif	ve kind of wark dane 10b i e, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Slote)	CANA	12.CITIZE	S.A.
3. FATHER'S NAME	1 0-	ero)	14. MOTHER'S MAIDEN N	IAME 7	- One	
5 WAS DECEASED EVER IN U	DA-S	SOCIAL SECURITY NO.	INFORMANT	Kos	Address	1/14
(Yes, no, or unknown) (If yes,		YONE	NOSEWOO	A KE	TEORAS	
IB. CAUSE OF DEATH	Enter only one cause per lin	e far (a), (b), and (c).]				INTERVAL BETWEEN
PART I DEATH W.	AS CAUSED BY: Gast	ro-enteritis	acute, etiolo	ogy not d	etermined.	4-days
1124	DUE TO					
Conditions, if any, w		nition	_			2-years
gove rise to immed couse (a), stating the <u>ur</u> lying couse last.	nder- DUE TO Bros	nchiectasis amonic sinusiti	nd otitis media	a, chroni	c.	6-vears
Z PART II OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM!	NAL D SEASE CONE	DITION GIVEN IN PART	I(o) 19 WAS AUTOPSY
Congenital c			omatic epileps;			. I PERFURMEDY
PART II OTHER SEC Congenital c 200. ACC DESTINATION OF CONTRIBUTING CONTRIBUTING (IF EITHER, NOTIFY MEDIC	DERLYING 20b. DESC		RED (Enter nature of injury in f		tem 1B)	
20c TIME OF NJURY Me Haur a.m.	onth, Day, Year 20d, It While at work	Nat while	PLACE OF INJURY (Hame, farm actary, street, office bldg., etc.	20f. (City ar tow	n) (Co	ounty) (State
21. I certify that I	attended the decease	ed from 6/19/60	. 19 . 10 . 6	/20/60	. 19that I lost	t saw the deceased
olive on 6/20/6			th occurred at 3	M. from the co		
1	0 2	10		ADDRESS (Street, ci		DATE SIGNE
ACTUAL SIGNATURE	My B. 130	yler my	M. Rosewood St.	ate Train	ing School	6/21/6
PHYSICIAN'S NAME (Type) Harry	Butler, 1	м./b.	Cwings Mill	s. Marvla	nd	
	2b. DATE THEREOF	22c NAME OF CEMPTERY	OR CREMATORY		y town county)	rety /
23 FUNERAL DIRECTOR'S SIGN	MATURE	ADDRESS / /	2 Can 240. REC'I	D BY REGISTRAR	24b. REGISTRAR'S SIGN	NATURE
Wire . T.	HER Kee	- 9/6/	DATEUN	2 2 '60	arthur S. H	ined

may be recovered by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this contificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the registrar prior to burial VS A15 (4) 1SM 9/58

ifter death. Page 4

requires that the death certificate be executed within 24 ha

in By the funeral d'rectar, and 2 shayld be filed with

completely filled in

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physician

Then please remay attending p

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FUNERAL DIRECTOR:

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certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6690

CERTIFICATE OF DEATH

.06583

L		UUL								Keg. Di	In INe.	2 2 2 2 4	
	PLACE OF DEATH	Baltimore		MARYLAND	2	USUAL RESIG		y land	lived If instituti b. COUNTY		ce before	admission)	/
1		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore						1.		
-	d. NAME OF HOSPITA	AL (If not in haspital, g	iva street	15 days	-	d. STREET A	DDRESS		*		e.	IS RESIDEN	ICE
-	SPRING GRO	VE STATE	HOSI	PITAL		3600	Oakn	ont A	7enue			res 🔲 No	
3	NAME OF DECEASED (Type or print)	Her:		Middle		Cohe		4. DATE OF DEATH	Mai	une	Day 3 (Year	60
5	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B D	ATE OF BIRTH			9 AGE (In years		TYEAR IF	UNDER 24	
	male	white	WIDOWE	Tanal tanal		ec. 19			lost birthday) 74 yrs.	Months	Days 3	fours A	Vien
1	O USUAL OCCUPATION during most of works	N (Give kind of work or ing life, even if relired Retail	ione 10b	MATAT SUSTINESS OF INDI	ISTRY	-	ACE (Stole o		untry)		ZEN OF	WHAT COL	JNTRY.
1	3. FATHER'S NAME				14	MOTHER'S	MAIDEN N	AME				2	
	The state of the s	ek abrah	AM	COHEN		XX	NAHAWA	EST	HER				
	s. WAS DECEASED EVER	IN U. S ARMED FOR	CESP 16.	217-16-8059		rds:	SPRIN	G GRO	Add		SPIT	ΔT.	
	Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	he under-	A	nfarctive myo	ic	cardic	vascu	lar di				AND DEA	
City of Charles	PART II OTH			ONTRIBUTING TO DEATH BU						/EN IN PAR		WAS AUTO PERFORMEI ES NO	D?
		S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	ZVO DESC	CRISE HOW INJURY OCCURR	ED (C	iter noture of	injury in re	off I of Part	II of item 18.)				
14000000	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While at worl	Not while fo	LACE (actory,	OF INJURY III street, office	lome, form, bldg., etc.)	20f. (City	or lown)	(0	County)	(5	Stole
L	21. I certify the	at I attended the	deceasi	ed from June	15	, 19 60) to	June	30 1960	that []	ast saw	the dec	eased
	alive on	June 30	_, 12	60 , and that death	n oc	curred at.	8:10a	.M, from		and an th			bove
	ACTUAL SIGNATURE	Aillia.	Wa.	illing.	MD.	SPR		GROVE	STATE	HOSP	TAL	6-30	
	PHYSICIAN'S NAME (Type)	Stella Wa	chsl	er, M. D.	-	Са	tonsv	ille 2	28. Mary	Land			
2	20. BURIAL, CREMATION REMOVAL (Specify) BURIAL	7/1/60	F	Bnai Israel		MATORY		22d LOCATI	on (City, lawn, Imore, M	or county)		(Stote)	
	. FUNERAL DIRECTOR'S			ADDRESS		-		BY REGISTR	AR 24b REGI	STRAR'S SIC		in in the second	
13	OL LEVINSON	W & BROS IN	C. 6	OlO Reistersto	nwc	Rd.	JII	L 5 '6	0	withur I	Trans		

O HOSPITA ATTENDED PHYSICIAN: The lamenguines that the death mentificate be executed within 21 haurs after death. Rogen may be reported by the haspital ar attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The lam impairms that the death Bertificate be executed within 21 haurs TO HOSPITA may be re TO FUNERAL

ofter death. Rogs I

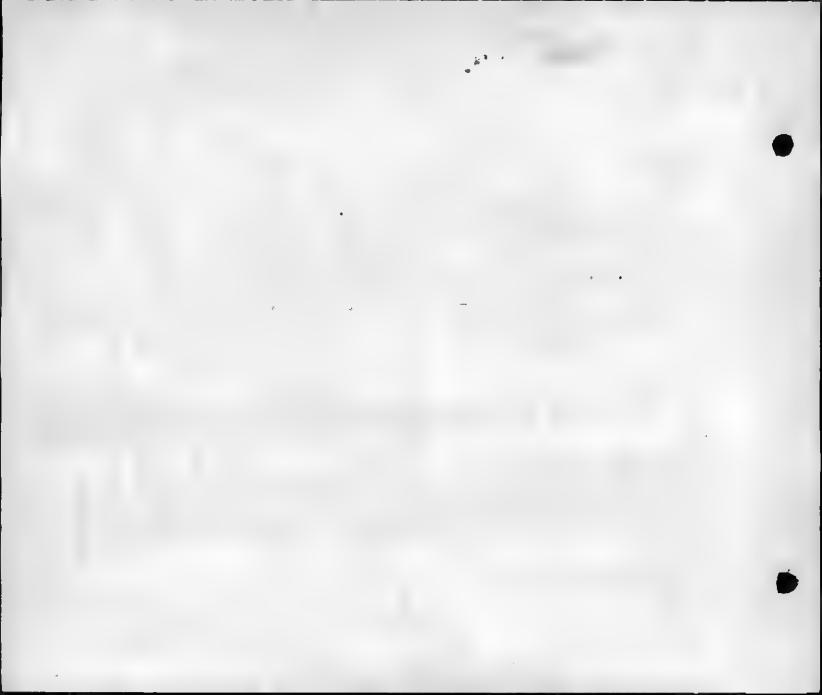
V\$ A15 (4) 15M 10/57



O DEPUTY AEDICAL BRAMINER: This certificate should be executed within 24 hours after death. If any delanguage cute the cute the finate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral for. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your first. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the registrar prior to burial, gremat or remaval.	gse	oule		emat	,
O DEPUTY AEDICAL INAMINER: This certificate should be executed within 24 hains after death. If any delaphocessory, cute their finate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral for. Page farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fination of PUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the registrar prior to buriol or remayal.	pie	4.52		39	
O DEPUTY REDICAL MEAMINER: This certificate should be executed within 24 hours after death. If any delimbeass cut ether fiscate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral for. Programmer's Office along with form PM3. Page 5 may be retained for your first. O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the registrar prior to but remayal.	7,	988		Loin	
O DEPUTY AEDICAL MANNER: This certificate should be executed within 24 haurs after death. If any delinher cute the finate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your first. On FUNERAL DIRECTOR; Page 3 should be used as a buriol-transit permit. File pages I and 2 with the registrar prior to a remaval.	2002	2		9	
O DEPUTY AEDICAL INAMINER: This certificate should be executed within 24 haurs after death. If any delecte the firstle, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for your finance of PUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prince or remaval.	200	ò	ı	or to	
O DEPUTY AEDICAL MANNER: This certificate should be executed within 24 hours after death. If any delicute the firstle, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your for O FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrat or remaval.	K	ā);	pri	,
O DEPUTY AEDICAL INDAMINER. This certificate should be executed within 24 hours after death. If any cute the finate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you be FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the regis or remaval.	음	ē	12 X	trar	
O DEPUTY AEDICAL MANNER: This certificate should be executed within 24 hours after death. If a cute their finate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the financed To the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the ran remayol.	'n	unel	γ	egis	
O DEPUTY REDICAL INAMINER: This certificate should be executed within 24 haurs after death, cute their ficate, writing the ward "pending" in pencil in Item 18. Give Pages II, 2, and 3 to It forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or PUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with a remaval.	=	he fi	for	he r	
O DEPUTY AEDICAL INAMINER: This certificate should be executed within 24 haurs after dealected within 24 haurs after dealecter the fitting to writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by FUNERAL DIRECTOR; Page 3 should be used as a buriol-transit permit. File pages I and 2 will arremand.	÷	5	ned	丰	
O DEPUTY AEDICAL INAMINER: This certificate should be executed within 24 haurs after cute the. Incote, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be a O FUNERAL DIRECTOR; Page 5 may be a or remaval.	dea	2	eta	2 %	
O DEPUTY AEDICAL MANNER: This certificate should be executed within 24 hours of cute the. Incole, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages I a or remaval.	ler	0	9	ba	
O DEPUTY AEDICAL INDAMINER: This certificate should be executed within 24 hans cute the finate, writing the ward "pending" in pencil in Item 18. Give Pages I farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 m O FUNERAL DIRECTOR; Page 3 should be used as a buriol-transit permit. File pages or remaval.	200	ci,	Y D	-	
O DEPUTY AEDICAL IMPAMINER. This certificate should lie executed within 24 heart the firstle, writing the ward "pending" in pensil in Item 18. Give Pag farwarded to the Chief Medical Examiner's Office along with form PM3. Page O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File page or remaval.	COMP	es	5	Sati	1
O DEPUT. AEDICAL MANNER: This certificate should be executed within cute the. Four their finate, writing the ward "pending" in pencil in Item 18. Give farwarded to the Chief Medical Examiner's Office along with form PM3. R. O FUNEAL DIRECTOR: Page 3 should be used as a buriol-transi permit. Filth or remayol.	24	Pog	236	, d	1
O DEPUT AEDICAL BRAMINER: This certificate should be executed with cute their ficate, writing the word "pending" in pencil in Item 18. G forwarded to the Chief Medical Examiner's Office along with form PM3. O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit or remayal.	Pin.	<u>></u>	<u>a</u>	ij.	
O DEPUT AEDICAL MEAMINER: This certificate should be executed cute the ficate, writing the ward "pending" in pencil in Item 18, forwarded to the Chief Medical Examiner's Office along with form P O FUNERAL DIRECTOR; Page 3 should be used as a burial-transit pern or remaval.	<u>*</u>	O.	,M3	į	
O DEPUTY AEDICAL MANNER: This certificate should be executed the fiscale, writing the ward "pending" in pencil in Item of awarded to the Chief Medical Examiner's Office along with for O FUNEAL DIRECTOR; Page 3 should be used as a buriol-transit or remaval.	red	- 68	F	Pern	
O DEPUTY AEDICAL INDAMINER: This certificate should lie excute the fiscale, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's Office along with O FUNERAL DIRECTOR: Page 3 should be used as a buriol-tran or remaval.	n Dej	tem	for	Si.	
O DEPUTY AEDICAL MAMINER: This certificate should be cute the fracts, writing the ward "pending" in penal of prevented as to the Chief Medical Exominer's Office along a O FUNREAL DIRECTOR: Page 3 should be used as a buriol or remaval.	0	<u>. e</u>	Ϋ́	fror	
O DEPUTY AEDICAL IMAMINER: This certificate should cute the finate, writing the ward "pending" in performanded to the Chief Medical Examiner's Office alabor Punkeral DIRECTOR: Page 3 should be used as a but or remaval.	0	<u>.</u>	gu	105	
O DEPUT' AEDICAL MAMNER: This certificate is cute the. Fincate, writing the ward "pending" in forwarded to the Chief Medical Examiner's Office O FUNERAL DIRECTOR: Page 3 should be used as a or remaval.	houl	8	9	be	
O DEPUT AEDICAL MANNER: This certifical cute the finate, writing the word "pending forwarded to the Chief Medical Examiner's Off O FUNERAL DIRECTOR; Page 3 should be used or removal.	ie si	.S :	Fice	23.0	
O DEPUTY AEDICAL MAMINER: This certicate the firster, writing the ward "pend farwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR; Page 3 should be us or removal.	E S	ling	Ö	Pe	
O DEPUTY AEDICAL IMPANINER: This cute the forwards in ficale, writing the word "p forwards for the Chief Medical Examin O PUNERAL DIRECTOR: Page 3 should be or removal.	enti	Send	ēr's	6 5	
O DEPUTY AEDICAL INDAMINER: The cute the forwards to the Chief Medical Exe forwards to the Chief Medical Exe or removal.	HS C	:	ini.	q p	
O DEPUT' AEDICAL INAMINES cute the finate, writing the farwarded to the Chief Medical O FUNEAL DIRECTOR: Poge 3 or removal.	₽	WGF	Exc	hon	
O DEPUTY HEDICAL BANK cute the foote, writing I forwarded to the Chief Med O FUNERAL DIRECTOR: Poge or removal.	NEW YEAR	he	8	33	
o DEPUTY (REDICAL III) cute the factor, writifoxed to the Chief of FUNERAL DIRECTOR: For removal.	AM.	ng I	Wed	oge	
O DEPUTY AEDICAL cute the finale, y farwarded to the Chi O FUNERAL DIRECTO or remayal.		vriti	lef.	5	
cute the fical factor of the of FUNERAL DIRECT OF THE OF T	Ä	6	ű	2	
cute the forwarded to FUNERAL D or removal.	D C	FCO	the	IRE	
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cute the forward or rem	UT	hel	pp	ERA	DA CO
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VS. ATSME(S) SM 9/55

						ENT OF HEALT		Ť	18			
		M	EDIC	AL EXA	MINER'	S CERTIFICAT	TE OF	DEATH	Reg.	Dist. No	1658	34
1.	PLACE OF DEATH o. COUNTY	altimore)		MARYLAND	2. USUAL RESIDENCE (V	Where deced	ned lived. If Institu b. COUNT				
	o. CITY OR TOWN II	l autside corporate himits, vinit	rile BURAL	c. LENGTH (OF STAY IN 1b	55 Towso		rporote limits, write	RURAL o	nd give r	necrest to	wn}
		club Lane		ospital, give stre	et oddress)	d. STREET ADDRESS	Club	Lane			ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	<u>ਦ</u> ਉਸੂਬਰ	H		Siddle	COMME TON	4. DATE OF DEATH	June 2	6,10	168°		ear
S. :	SEX	6. COLOR OR RAC	E 7. MAR	RIED NEVER	MARRIED [B. DATE OF BIRTH		9. AGE (In years lost birthday)		RIYEAR		ER 24 HRS.
	Forale	White	WIDOV	The second secon		Feb. 21,128		79 ym.	Months	Days	Hours	Min.
10c	. USUAL OCCUPATI Juring most of working OUSEWIF	ON (Give kind of woring life, even if retired ON (Give kind of world provided in the control of the control	k done 10b	. KIND OF BUSIN	RESS OR INDUS	TRY 11. BIRTHPLACE (Stote Mississ	or foreign	country)	12. CI	TIZEN O		COUNTRY
	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
		B. Naug				Florence	e Bat	tle				
	WAS DECEASED EV	/ER IN U. S. ARMED I IV yes, give war or dates		6. SOCIAL SECUR	A) -7 A	NFORMANT Po.) Tee. D.	. Per	Address		عرَّد ا	" e. "e	`\
		underlying DUE T	(o)	e ter (o), (b), on	x (c). J	dry Oc	<u>e/i</u>	<u>// S/07</u> /	7	INTE	RVAL BETWEET AND DEA	Den
CERTIFICATION			INDITIONS	CONTRIBUTING T	O DEATH BUT I	NOT RELATED TO THE TERM!	INAL DISEAS	SE CONDITION GIV	PA IN PA			AUTOPSY RMED?
	20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	20b. DESCR	BE HOW INJURY	OCCURRED.	Enter nature of injury in Por	t For Port I	of item 18]				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Y	W	ile Not who work or work	ile foci	CE OF INJURY (Home, form lory, street, office bldg., etc.	20f. (Cit	y or town)	{C	ounty)		(Stote)
	21. I certify t	hat I taak char	ge of the	remains de	scribed abo	ive, held an Autops	y 🗍, I	nspection 47	Inqu	iry 🗍	l, and f	find that
	death resulted	From Natura	1 causes	Accide	ent . Su	icide [], Hamicide	, U	Indetermined o	ause [3.		
	ACTUAL SIGNATURE	Mail	207	49R)	Dune	M.D. CHIEF MEDICAL EX	_		/		DAME	
A-0	EXAMINER'S NAME (Type)	harle	2S 1	-07	DONNE	DEPUTY MEDICAL	EXAMINER			721	6/6	0
	REMOVAL (Spec fy	1/22/5	O	ldestl	and a	w.FK.	[Dal	TION (City, lown,	ns.		(Stote)
23.	FUNERAL DIRECTOR		rc. 1	ADDRESS		Pow on DATE	D BY REGIS	TRAR 6 0246. REGIS	STRAR'S,S	IGNATU	Thank	



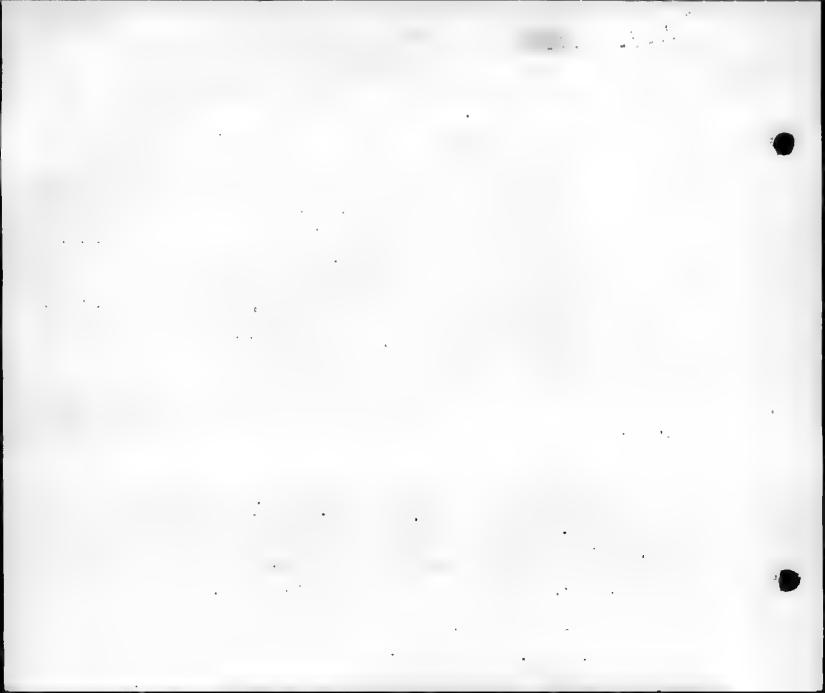
TO HOSPITA R ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 here ofter death. Pages may be read by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and congretery riled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pages 1 and 2 shou d be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

		0003	AIL OI L	R					Reg. Dist. No.					
1	PLACE OF DEATH			**************************************	2, USUAL RESIDENCE (Where deceased lived If i					If institut on Residence before admission) COUNTY				
		altimore Cou	inty	MARYLAND		yland	l	B COUNT	1		,			
		f autside carporate limit	s, write	c LENGTH OF STAY IN 16	c CITY OR I	OWN (If o	outside carpo	orate limits, write	RURAL and	діче леаг	est fawr	n}		
37	RURAL and give in	Drive, Balto	7	MA	Ral.	timor	0 7							
1		AL (If not in haspital, g			d STREET A		- 1			1.	IS RES	IDENCE		
	OR INSTITUTION	3715 Sylv					wan D	rive				FARM?		
=		2127 - 327									TES [] NO [
3.	NAME OF DECEASED	Fire	it	Middle	Las	t	4. DATE OF	Mo	inth	Day		Year		
	(Type or print)	Clara			Cummings		DEATH	Ju	ne	13		1960		
5.	SEX	6 COLOR OR RACE	7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTI	Н		9 AGE (In year		1 YEAR	IF UND	ER 24 HRS		
	77 7	in the	WIDOV		Feb. 26,	1884		Jast birthday)		Days	Hours	Min.		
	Female USUAL OCCUPATION	Nhite		KIND OF BUSINESS OR INDU			or foreign c	1,0		7EN OF 1	WHATC	I COUNTRY		
	during most of wor	king life, even if retired	TOTAL TOTAL	, KIIAD OI DOSIIAESS OK IIADE		ston.			12.07			-0014161		
_	Housew	ife				,				U.a	. A.			
13.	FATHER'S NAME	35 61 0			14. MOTHER'S	maiden n ra Ca								
		Martin Q	uını	ū.	VIA	ra va	auman							
	WAS DECEASED EVE	R IN U S. ARMED FOR	CE57 16	. SOCIAL SECURITY NO.	INFORMANT			Ad	dress					
far	n, no, or unknown)	(If yes, give war or dates of s	KAICB)	Τ./	ouise Mi	tchol	17 377	5 Sylva	n Dri	ve. 7	ONE	52		
H	LID CAUSE OF DE	WHI TELL I	1		JUIDE 111	001101		7 23 1 10				TWEEN		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY									ONSE	TAND	DEATH		
	IMMEDIATE CAUSE (a) Carchoma of Mansurer Corun										/_h	22		
	DUE TO													
	Canditions, if any, which) (b)													
	gave rise to immediate DUSTO													
	biles cours law													
z														
CATION	PART II OII	A			A A	INE LEKWI	INAL DISEAS	E CONDITION G	IVEN IN PAR		PERFO	RMED?		
2	when	42 Cll	Car	- Musuarine	- diam	~					YES [NO N		
CERTIFI														
3	20c. TIME OF INJUR	Y Manth, Day, Yes	r 20d		LACE OF INJURY			y or lown)	(1	Caunty)		(State)		
MEDI	Hour a.m.	19	While	a Lidor Mullip	actory, street, office	s bldg., etc	i.)							
Σ	p. m.		lai we		1 10		A		2					
	21 certify th	at attended the		4	1960	, to 13	yun	<u>عا 19 يب</u>	that I lo	st saw	the d	leceased		
	alive on 9	June	12	and that deat	h accurred at	8 30A	w, fram	the causes a	nd an the	date	stated	d abave		
	1 \ 1		D	V		- /1		treet, city or town				TE SIGNED		
	SIGNATURE	Janua 10	J.T.) and	M.D 651	2 Lib	erty_R	hen						
	SIGNATOR				. 691 - Linkagel adm	E MIN	254 63.77	SCIUL						
	PHYSICIAN'S MAME (Type)	rvin H. Dav	is,	M. D.	Ral	timor	e 7, M	d.						
22		N. 226 DATE THEREO	F	22c. NAME OF CEMETERY C	OR CREMATORY		22d. LOCA	TION (City, town,	ar county)		(Stat	re}		
	REMOVAL (Specify)	6-13-60)	Pittston	Cemeterv		Pit	ttston,	Penns	vlvs	ania	a		
23	FUNERAL DIRECTOR			ADDRESS		1	D BY REGIST		ISTRAR'S SIG	. ¥				
			1217	St.Paul Stre	et	DATE JL	JN 15 '		Thun &					
		and a second	he part of a			DAIL								

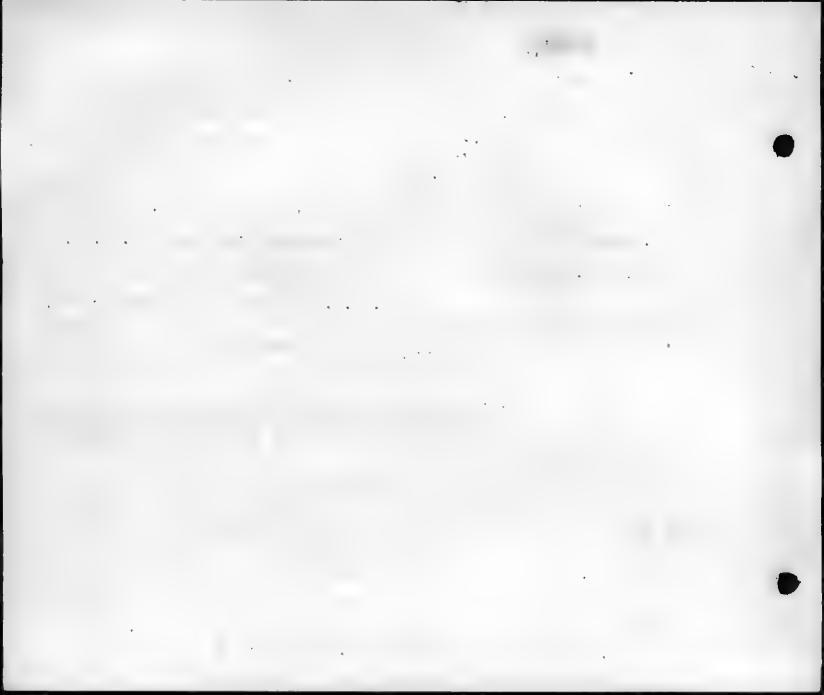


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		0032	CERTIFICA	TE OF DEATH		
	PLACE OF DEATH				ere deceased lived. If institution Residen	ce before admission)
	o. COUNTY Bal	ltimore	MARYLAND	a STATE Md.	6. COUNTY Bal	timore
	b CITY OR TOWN (af RURAL and give ne	outside corporate I mits,	write c LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	utside carporate limits, write RURAL and (give neorest town)
		timore		/ Balts	imore (Halethorp	e)
-	d NAME OF HOSPITA	AL (If not in haspital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE
	or institution R1dgev	ay Manor	Nursing Home	1264	Francis Avenue	YES NOX
3.	NAME OF	First	Middle	Lost	4. DATE Manth	Day Yeor
	(Type or print)	Elson	В.	Daugharthy	DEATH June 2	1 1960
5	SEX	6 COLOR OR RACE 7	MARRIED NEVER MARRIED	8 DATE OF BIRTH		TYEAR IF UNDER 24 HRS
,	male	white w	IDOWED DIVORCED	April 8, 18	880 80 VPS. Months	Days Hours Min
	USUAL OCCUPATIO	N (Give kind of work don	e 106 KIND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE (State	or foreign country) 12 CIT	ZEN OF WHAT COUNTRY?
		eet Metal	•	Hamburg	. New York U.	S. A.
13.	FATHER'S NAME	700 110042		14. MOTHER'S MAIDEN N		
	George	B. Daugh	arthy	Ann Bu	tler	
	WAS DECEASED EVER	IN U S ARMED FORCES	S7 16. SOCIAL SECURITY NO. 17	NFORMANT Son	Address	
	no, or unknown) (If yes, give wor or distes of service	Dr.		harthy 1264 Fran	cis Ave.#2
		TH (Enter only one course	per line for (o), (b), and (c).]		4	INTERVAL BETWEEN
		H WAS CAUSED BY	RAL Ancald	- Analies.		ONSET AND DEATH
	• *	IMMEDIATE CAUSE (0)	w w nary	viene.		"unce.
	* * * *	DUE TO	Bancol	10.9-	0	10/11
	Canditions, if or gave rise to in		generalized	asterior	cesses	10942
	couse (a), stating t		0 . 8.4			1
	lying couse lost.	(c)_	sendly			6mo.
CERTIFICATION	PART II OTH	ER SIGNIFICANT CONDIT	ONS CONTR BUT NG TO DEATH BU	T NOT RELATED TO THE TERM!	nae disease condition given in par	T 1(a) 19 WAS AUTOPSY PERFORMED?
CAT	Ce	rebral 1	esteriocali	oses		YES NO
TIFI	20g ACCIDENT WA	S UNDERLYING [] 20	b DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in l	Part 1 ar Part II af item 18.)	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				
3	20c TIME OF INJURY	Month, Day, Year	20d. INJURY OCCURRED 20e PI	ACE OF INJURY (Home, form	20f. (City or town) (4	County) (State)
MEDICAL	Hour a.m.	19	While Not while at work at work	ictory, street, office bldg., etc.	7	
^		/// /this housitally		(M) 10	58 10 June 21 196	that (I) (we) last
			attended the deceased fram.	(.51	M, from the causes and an the	
	220 S GNATURE	sa alive an Arraga	and that	dearn accurred at A	M, from the causes and an the	22b DATE
	1. 2.	11. 4-0.	· diesthi.	ATTENDING ME	ED STAFF RECTOR PHYS	S GNED
	77 PHYSICIAN'S	xyx w	eg washing	M D PHYS. DI	RECTOR PHYS	0260
	NAME (Type)	'	C	THE MEDICOS		
_	J					
230	8LR AL CREMATION REMOVAL (Specify)	N. 236 DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, tawn, ar county)	(Stote)
L	Burial	6/25/60			Russell, Penn.	
24.	Howard H	s SIGNATURE . Hubbard	4107 Wilkens	Ave. 250 REC'I	D BY REG STRAR 256 REGISTRAR'S SH	GNATURE
	HOMOLA U	· IIMPDULL M	1 4 4 1 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DATE	SIT IN I ON I	



VS A1S (4) 15M 9/SB

12 CITIZEN OF WHAT COUNTRY? BERTRANT Address Garmouth Rd. INTERVAL BETWEEN PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1601/19. WAS AUTOPSY PERFORMED? YES NO N (Stote) (County) 5. 1920 that I last saw the deceased M, from the causes and an the date stated above. DATE SIGNED 22d LOCATION (City, town, or county) (Stote) Baltimore.Md. 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 224g. REC'D BY REG STRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Balto.

Day

Days

a. IS RESIDENCE ON A FARM?

YES NO

Year



Leonard J. Ruck 5305 Harford Road #14

23 FUNERAL DIRECTOR'S SIGNATURE

24b. REGISTRAR'S SIGNATURE

arihur S. Kraus

24g. REC'D BY REGISTRAR

DATE JIHL 5

e IS RESIDENCE ON A FARM? YES | NO | KX

		ь	634	CEKII	FICATE	OF DEAT	1	Reg. D	st. No.	
1	PLACE OF DEATH a. COUNTY	Baltim	ore	MARY	0	SUAL RESIDENCE (WE	1 1 1	If institution- Resider	ice before admi	ssion)
	b. CITY OR TOWN RURAL and give	(If outside corpor nearest town) OWSON		c LENGTH OF STAY	IN 1b c	CITY OR TOWN (IF a	outside corporate lim	nits, write RURAL ond	give nearest tow	vr)
	OR INSTITUTION		. A1	sing Home		street address 2942 Gre	en Moun	t Avenue	ON	A FARM?
	NAME OF DECEASED (Type or print)	Mrs.	Marth	Middle	L	De Vos	4. DATE OF DEATH	June 30	th Day	Year 19 60
	sex female	6 COLOR OR whit	e widowi		O Me	TE OF BIRTH	lost	(In years birthdoy) Months	Doys Hours	
	Hous	orking I fe, even if	(work done 10b retired)	KIND OF BUSINESS O		Baltimor	e, Mary	land 12 cit	USA	COUNTRY?
13.	Patr	ick o'B	rien		/	Regina	?			
	WAS DECEASED E	VER IN U. S. ARM		SOCIAL SECURITY NO	Mr.	John R.	De Vos.	Sr.	same	e
		EATH (Enter only EATH WAS CAUSI IMMEDIATE C	ED BY	ne for (o), (b), and (c). ENE BRAIL	1450	culdr A	cciden	F	INTERVAL BONSET AND	D DEATH
	Conditions, if	ony, which	DUE TO (b)	pertensi	ie Ar	terios u	erofic	Cardio.	- 59	٠٤.
_	couse (a), stating ying couse las	g the <u>under</u> (DUE TO	ubetes k	1ellit		tc (Xom		24	(J.
ICATION	PART II. C	THER SIGNIFICAN	IT COND TIONS (CONTRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE CONI	DITION GIVEN IN PAI		S AUTOPSY FORMED?
L CERTIF	OR CONTRIBUTION	WAS UNDERLYING NG CAUSE OF FY MEDICAL EXAM	DÉATH!	CRIBE HOW INJURY O	CCURRED. (Ent	ter nature of injury in	Part I or Port II of i	tem 18)		
MEDICAL	20c. TIME OF INJ Hour a. n p. n	1.	y, Year 20d. If While of wor	NJURY OCCURRED Not while t or work	20e. PLACE Co foctory,	F INJURY (Home, form street, office bldg., etc	, 20f. (City or low	rn} (County)	(State)
	21. I certify alive on 2	that I attende	10	60	death occ	, 19/J, to surred at 9A	M, from the c	, 19 <u>6 O</u> that I lo auses and on th	e date state	ed above.
	ACTUAL SIGNATURE	m, H	Kai	me	TWD	60110	ADDRESS (Street, Et	ly or town, stole)	(B. 12	ATE SIGNED
	PHYSICIAN'S NAME (Type)	Um.	H.A	amn	(er	Vr.		<u></u>	17	erey's
220	REMOVAL (Special		THEREOF	HI I O	ETERY OR CRE	MATORY emeters	22d LOCATION (C	timore.	As I	and

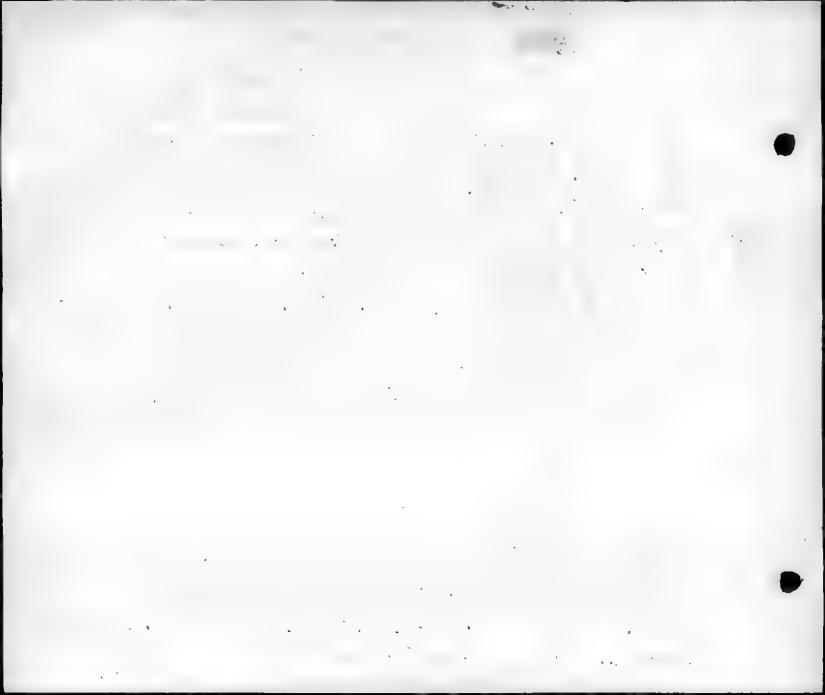
requires that the death certificate be executed within 24 h phys ar attending physician. may be recoved by the h TO FUNERAL DIRECTOR: A page 3 shauld be detached the registrar prior to

funeral

etely filled in

shauld

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should-be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Baltimore Mary land b. COUNTY MARYLAND borial, b. CITY OR TOWN III outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard Baltimore D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Veterans Administration Hospital 305 Holly Drive 20 Middle 4. DATE Month DECEASED DONALD (Type or print) JOHN. DeWAR. SR. DEATH June S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE [In years IF UNDER TYEAR IF UNDER 24 HRS. Months Male White 66 WIDOWED 1 DIVORCED T September 9,1893 YES. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CI Oud Vacuum Cleaners Ontario. Canada pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, Laudlin DeWar Katie Fisher V) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address You gr unknown) 215-015181 Clinical Records, VAH, Balto. 18, Md. Ft. Roward Div. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, gove rise to immediate cause DUE TO (a), stating the underlying couse lost. Office PART 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 03 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF 20b. DESCRIBE HOW INJURY OCCURRED. (Enfer nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Not while O. m. at work of work p. m. 21, 1 certify that I taak charge of the remains described above, held an Autopsy 17, Inspection , Inquiry death resulted fram: Natural causes [12]. Accident [7]. Suicide . Homicide . Undetermined cause . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MELVIN DAVIS. M.D. NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) Baltimore National Baltimore

ADDRESS

Vm.Cook-Blight, Inc. 6009 Harford Rd., Balto. 14, Md.

VS. A 15ME(5) SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

DATE JUN 2 2 '60

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arily S. Kraus

(County)

e. IS RESIDENCE ON A FARM?

YES | NO |

19 60

NO T

(Stote)

, and find that

DATE SIGNED

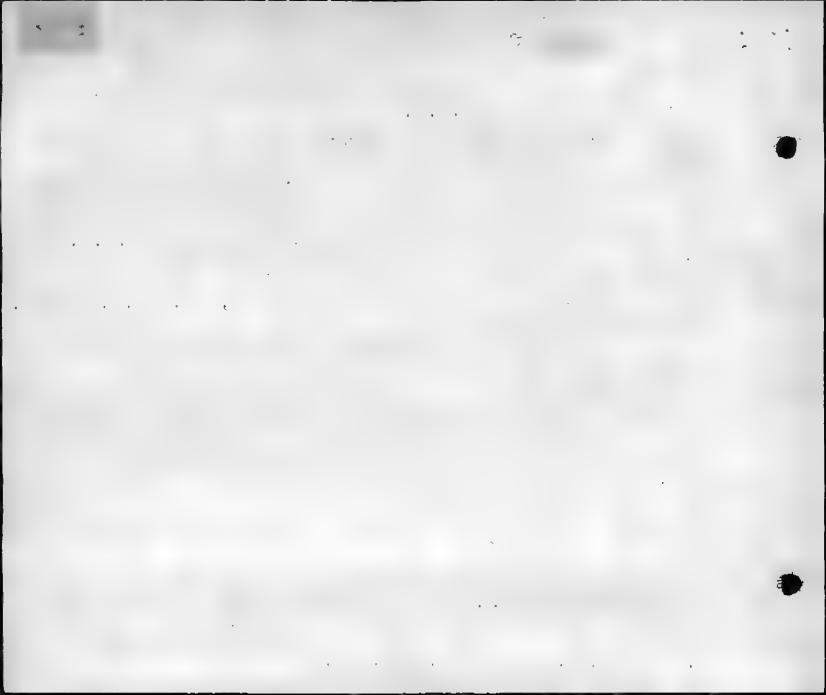
Maryland

Day

U. S. A.

INTERVAL BETWEEN

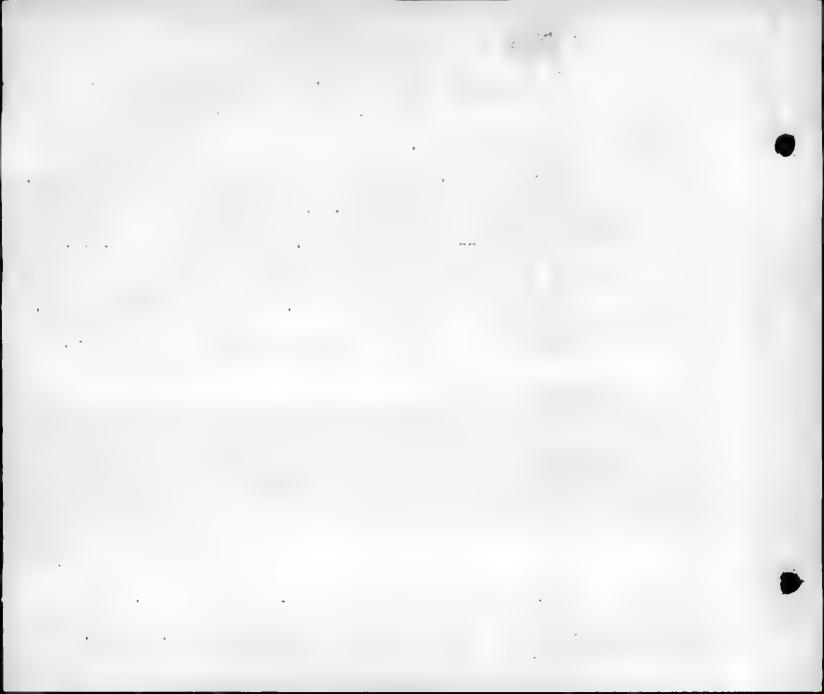
20



6636 **CERTIFICATE OF DEATH** Reg. Dist. No. 550

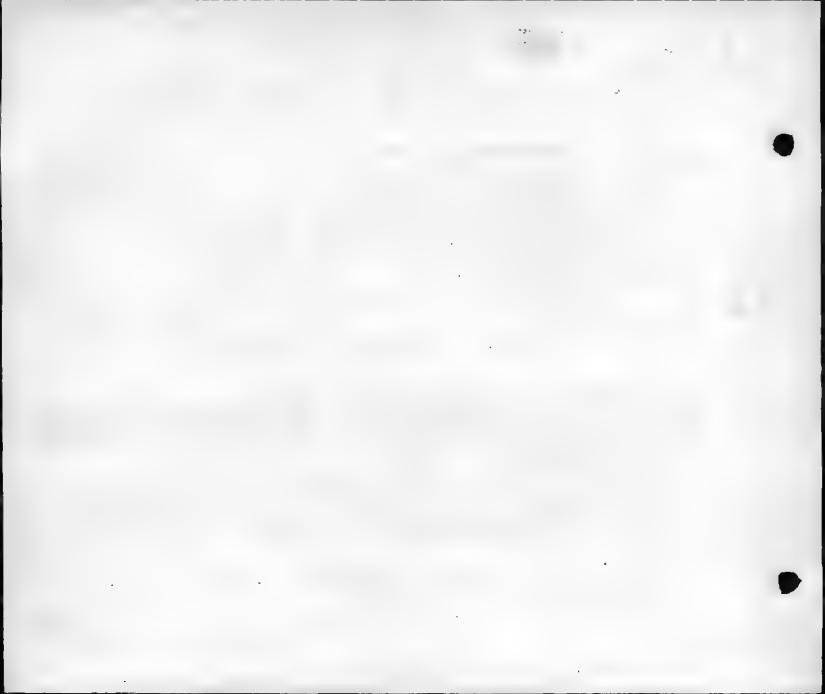
- 34				· · · · · · · · · · · · · · · · · · ·							
	1. PLACE OF DEATH o COUNTY	Baltimor		MARYL	AND	2 USUAL RESIDENCE (WI o. STATE MCL o	here deceased	b. COUNTY		timo:	
	b. CITY OR TOWN (IF RURAL and give ne Catonsvi		ls, write	c. LENGTH OF STAY II	N 1b	Baltimore		role limils, write RI		ve neorest l	own)
	d. NAME OF HOSPITA OR INSTITUTION Ridgeway I	AL (If not in hospital, g Manor for				d. STREET ADDRESS 632 Plymo	outh I	Road		0	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	Bert		Middle L e	Di	onhart	4. DATE OF DEATH	Mon Ju		Day 7	Year 19 60 e
	5 SEX Female	White	7. MARR	NEVER MARRIES		B. DATE OF BIRTH Sept. 26.188	39	9. AGE (in years last birthdoy)		YEAR IF U	NDER 24 HRS
	10a USUAL OCCUPATIO	N (Give kind of work o	one 10b.			STRY IT BIRTHPLACE (Stole				U.S.	HAT COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME				
1	Unkn	own				Unknow	n				
	15 WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT		Addr			
	no					Rudolph H.	Dienl	nart 632	2 Ply	mout	h Rd.
	Conditions, if on gove rise to in cause (o), stoling t lying couse lost.	DUE TO The under- Output Due To Output Due To Output Due To Output Ou	Arte			Cardio-Vascul	-		EN IN PART	8 yr	AS AUTOPSY REORMED?
	UIF EITHER, NOTIFY	□ CAUSE OF DEATH!	r 20d. It	NJURY OCCURRED 2	20e. PL/	O. (Enter nature of injury in ACE OF INJURY (Hame, form larry, street, office bldg., etc.)	, 20f. (City		(Co	YES ounly)	(State)
		19		Not while of work							
	21. I certify the alive on	320 grif	19_5		death	w.o. <u>l lial</u>	PM, from ADDRESS (SI	n the causes a treet, city or lown,	nd an the		
F	270 BURIAL CREMAT OF			22c. NAME OF CEMET	ERY O			ION (City, lown, o			Slote)
	REMOVAL (Specify)	6-10-19	60	Loudon				ltimore		MA.	
	23 FUNERAL DIRECTOR'S		. 32	OTCO. NOH	RO	Zoe 240. REC' DATE		PAR 245 REGIS	TRAR'S SIGI		.,

VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived oil I institution, Residence before admission) COUNTY o STATE Filed **b.** COUNTY MARYLAND DJ4 b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest town) ESSE d. NAME OF HOSPITAL (I) nat in haspital, give street address ON A FARM? YES NO 4. DATE OF DEATH 3. NAME OF Middle Yeor ed, DECEASED (Type or print) 19 6 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED MINEVER MARRIED Months Days WIDOWED [10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS during most of warking life, even if retired) 13. FATHER'S NAME 2 physici 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. - SAME AS ABOVE attend.ng please CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3100000 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work at work p, m 21 I certify that (1) (this haspital) attended the deceased from S 196 0 that (1) (we) last R. Fram the causes and an the date stated above 196 D, and that death accurred at 10 saw the deceased alive an_ FUNERAL DIRECTOR: age 3 shauld be detact 220 S GNATURE ATTENDING PHYS M.D. DIRECTOR | 22c PHYSICIAN'S 22d. ADDRESS page 3 sh the State OVAL (Specify 23a BUR AL, CREMATION, 23b DATE THEREOF VAME OF CEMETERY OR CREMATORY JOCATION (City, town, or county) 0ん 0 **ADDRESS** 25¢ REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/58

AND STATE DEPARTMENT OF HEALTH



Dulaney Valley Memorial

June 18,1960

John Burns! Sens, Towson, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE

ON A FARM

YES NO D

Year

Min.

19

PERFORMED? NO [

(Stole)

Timonium. Maryland

24b. REGISTRAR'S SIGNATURE

Clathur & Kroun

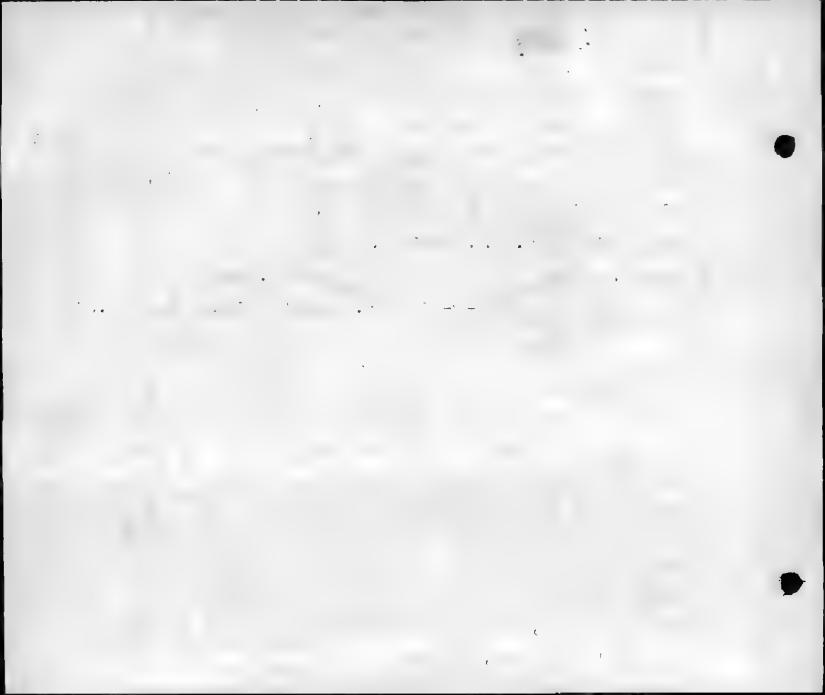
24o. REC'D BY REGISTRAR

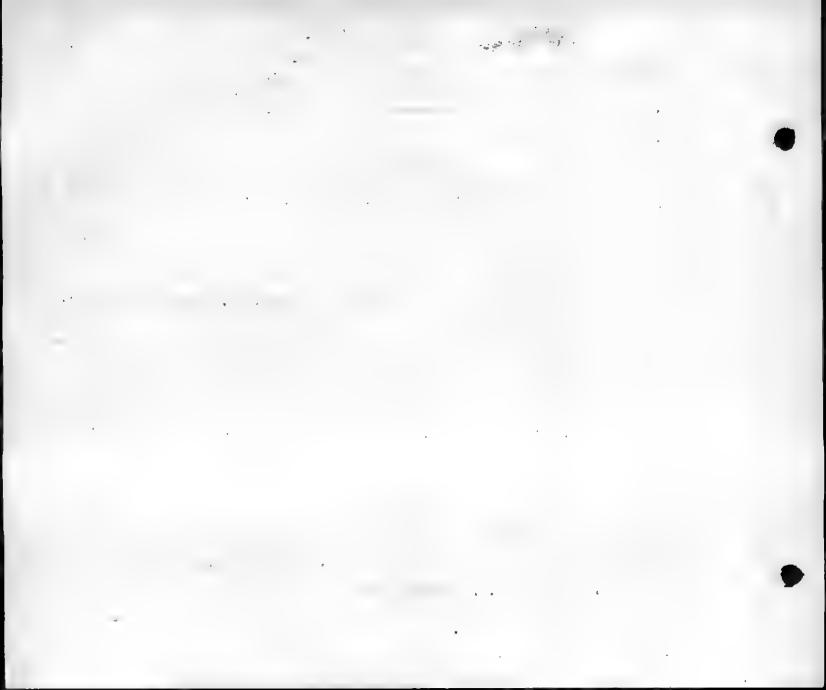
DATE 181N 2 1 '60

(State)

VS A15ME(5) 5M 9/55

0





MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please ene-tor. Page 4 shavid be cremotian PLACE OF DEATH Baltimore MARYLAND burial. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town) Fort Howard D.O.A. ₽ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) priar Veterans Administration Hospital registrar NAME OF DECEASED far yaur (Type or print) WILLIAM C. 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. 12 with the r S. SEX WIDOWED [Male White DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) and Steel Company å Steel Worker Page 5 may | 13. FATHER'S NAME V. 16.61 A 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unknown Give Give VAH 27-01-1816 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I. DEATH WAS CAUSED BY: HAMEDIATE CAUSE (o) a burial-transit **DUE TO** Conditions, if any, which pencil gave rise to immediate cause alang **DUE TO** (a), stating the underlying couse lost. iner's Office PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Ent **EXAMINER: This** 3 shauld MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Medical Hour o. m. Not while at work at work p. m. farwarded to the Chief Medio o FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above death resulted from: Natural causes ficate, SIGNATURE EXAMINER DEPUT NAME (Type 22g. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Burial Baltimore Nat: 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS .. 20 6 YS. A15ME(5) DATESUN 2 0 '60 Connelly Funeral Home, 418 arthur S. Kraus

Eastern

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

GERTHIGA				- 1	Reg. D	lst, N	lo.		
2. USUAL RESIDENÇE (Y	/here decea	ted liv	ved. If institu	tion	n Resid	ence b	efore o	dmin	ion)
o. STATE Marylar	nd.		b. COUNT	Y	3				
c. CITY OR TOWN (IF		poroti	a limits, write	RU	RAL on	d give	nepresi	lowr	1)
× Baltimo			(19)						
d. STREET ADDRESS									IDENCE FARM?
23 Bowe	ers Fa	rm	Road						NO DK
Lost	4. DATE		Mont	1		Da	7	Yec	21
DRYER	OF DEATH		June			1	5	19	60
ATE OF BIRTH		9 A	GE (In years				/		24 HRS.
ay 10,1918		42	buthdoy)	M	onths	Doys	Hou	n i	Min.
11. BIRTHPLACE (State	or fareign c	countr	y)		12. CIT	IZEN (OF WH.	AT C	OUNTRY?
l M	aryla	nd			1	J.	5. A	١.	
4. MOTHER'S MAIDEN N	AME	1 1	2 / 1						
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TRELATED TO THE TERMI	NALDISEAS	E COI	NDITION GIV	ΈN	IN PAR	T 1(o)	19, WA	S AU	STOPSY
	_//.	y	7.				YES [_	NO 🗍
er nature of Injury in Part	I or Port II	af ite	rm 18.j						
OF INJURY (Home, form, street, affice bldg., etc.)	20f. (Cit)	or to	own)		(Co	unty)			(State)
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M.D. CHIEF MEDICAL EX	AMINER						DAT	E SIQ	INED
ASSISTANT MEDICA							1	,	/
DEPUTY MEDICAL E		_	_			6.	16	7	60
REMATORY			(City, town, o	or co	ounty)		(5	lote	
onal Cemete						Ma-	1127 0	na	
onal Cemete	BY REGIST	RAR	24b. REGIS	TRA	R'S SIC	TO A	YELL	HU-	

SM 9/55



a. COUNTY	17.	0.00	2 USUA o. STA	L RESIDENCE (W	here deceased lived If	institution. Residence	te before admission)
NAL.	wose			Wasy	aud	1306	Limosa
RURAL and g ve/ni	If outside corporate lief's	This is LENGTH DESTAY	IN 16 CIT	Y OR TOWN (IF	outside corporate limits	write RURAL and g	ive nearest fown)
16	tto Patlone	11 de 12 mos	4.	Milfor	d		
d NAME OF HOSPIT	TAL (If not in hospital, give	street address)	d. ST	REET ADDRESS			e. IS RESIDENCE
OR INSTITUTION	Waxen Vill	a	//	3605	Burkey La	14.40	ON A FARM?
	113104		1 4	2003	7	ne	YES NO
3. NAME OF DECEASED	First	Middle	-	Last	4. DATE	Month	Day Year
(Type or print)	Cinu	ma Wares	134	www.	DEATH	Chara	27 1960
S SEX	6. COLOR OR RACE 7	· MARRIED NEVER MARRI			9 AGE (n ars FUNDER	TYEAR IF UNDER 24 HR
F	81.8	VIDOWED DIVORCE		wil 23,	1871 89		Days Hours Min.
100 USJAL OCCUPATIO	ON (Give kind of work day	ne 10b KIND OF BUSINESS C	OR INDUSTRY 11 B	IRTHPLACE (State	or foreign country)	12 CITIZ	ZEN OF WHAT COUNTRY
Homemaker	king life, even if retired)	And and		Ballin	ine Md.		Len
I3 FATHER'S NAME			124 4407	THER'S MAIDEN I			1>7
N TAITIER S HAME	1 1 0	1171	14. MOI	TI. A	_ 4		
13	enjank in d	· Schilling		Mer ger	el rauses		
	R IN U. S. ARMED FORCE		17, INFORMANT	0		Address	-
(vas, na, or unknown)	(If yes, give wor or dates of servi	210_1)0178	70 7	Vest - Xa	d 106	St. There	Tran Randa
Tan CAUSE OF SE	and fr	TETA-TH-OFIO	B I PROL	7	0 704	- St MC/L	MINICO III
	•	e per line for (o), (b), and (c).	.]	V			ONSET AND DEATH
PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Mremaa					& cocks
4.00	DUE TO						
Conditions, if o	* U.	A. La	Acres 6	0		4	9.11.00
gave rise to i	mmediate	unescent	lerous,	GEKELON	yel adv	A CLEV.	MAUMUL
couse (a), stating				V			
lying couse lost.) (c)_						
PART II. OTH	HER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DE	ATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE CONDIT	ION GIVEN IN PART	1(a) 19 WAS ALTOPSY
AT	artereose	landin The	At 17.00				PERFORMED?
20- ACCIDENT W		b. DESCRIBE HOW INJURY O	CCUPPED VE-1	all	Book Lon Book II of Store	1D 1	TIS LI NO E
OR CONTRIBUTING	CAUSE OF DEATH	O. DESCRIBE HOW INJURY C	CCOKKED (Enter no	iture or mory in	rgri i or rari ii or iien	16)	
	MEDICAL EXAMINER)						
	RY Month, Day, Year	20d INJURY OCCURRED	20e PLACE OF IN.	IURY (Hame, farm	20f (City or town)	(C	aunty) (State
Hour o.m.	19	While Not while of work	factory, street	, office bldg., etc	-)		
≥ p m.		OL WOLK OL WOLK	-		0. 0		
21 I certify the	it (1) (this haspital) (attended the deceased	fram	12	16 to	£ 27 , 1960	a, that (1) (we'll las
saw the deceas	sed alive an Luc	19.60, and	that death acc	urred at	M. from the cou	ses and an the	date stated above
220 SIGNATURE					,	202 (27.42 (37.17.10	22b, DATE
d'	1 2 /57		ATTE	NDING M	ED. STAFF		SIGNE
22c. PHYSICIAN'S	u / Low	4	M.D PHYS	ADDRESS	RECTOR PHYS	Ц	
NAME (Type)	_	- 0	220.		D e.	Du	2 3 4
	LOWARD 1	COTTER		6 E,	TRAD ST	Jalv	o <, md.
23a BURIAL CREMAT C	N, 236 DATE THEREOF	23c NAME OF CEM	ETERY OR CREMATO	ORY	23d. LOCATION (City	, town, or county)	(State)
REMOVAL (Specify)	1 1 - 11 -					3 243	(arare)
Burnal	6/30/60	. /	dge Cem.	1	Pikesvi	Te Md	
24 TONERAL DIRECTOR	SSIGNATURE	ADDRESS	Back	2So REC'	D BY REGISTRAR 25	BE REGISTRAR'S SIG	NATURE
MM.T.	Justin	of sour	ratio	DATE	2 9 '60	Culling & f	for an a
			MILL			7	121-16/Add
./			The				

TO HOSPITY RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ruled by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed-by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove capan papers. Pages 1 and 2 should be filled within the State Baard of Health priar to burial, crematian, ar remaval, and in any efect, within 72 hours after death

VR A1S (4) 15M 9/S9

t within



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0659.

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE DARYLAND b. COUNTY
b CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL ond give nearest town) COCKEYS VILLE 54EARS-3MO	BALTIMORE (1).
d NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION MASONIC HOME	4631 SCHENLEY ROAD YES NOTE
3 NAME OF DECEASED (Type or print) HARRIET S	EDWARDS DEATH JUNE 7 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED NIVER DIVORCED	8. DATE OF BIRTH 5-10-1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Men Men
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if rejired) HOUSEWIFE	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE B. SKINNER	CATHERINE WINGATE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 JN (If yes, give wor or dates of service) NONE	Frank L. Smith Jr Cochepulle Med
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Condit ons, if ony, which gave rise to immediate couse (a), stating the under lying couse lost. DUE TO Condit ons, if ony, which gave rise to immediate couse (a), stating the under lying couse lost.	Diseaie 5 years
COATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item 18)
	ACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (County) (State)
21 I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an 6 1960, and that d	3-11 . 1955, to 6-6 , 1960, that (1) (we) last death accurred at 8.155M, from the causes and an the date stated abave.
220 SIGNATURE Walter Ti / Cesa	M.D PHYS DIRECTOR TO STAFF 6/7/60
22c. PHYSICIAN'S NAME (Type) WALTER T. KEES	COCKEYSUILLE, MD
236 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY O BURIAL 6-10-60 Loudon Parl	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
William Cook, Inc; 1217 St. Paul Stre	t DATE JUN 9 '60 arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before edmission) necessary, ector Page e. COUNTY e. STATE b. COUNTY Baltimo Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN 'If outside are refer limits, write RURAL end give necrest lower c. LENGTH OF STAY IN 15 director write RURAL and give nearest town) TO JUN 4.0 Baltimore d. STREET . . . d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE Boa ON A FARM? Wentworth Ave. be retained th the State B water Oak Roal 3. NAME OF DECEASED 19 60 Patrick Elgin Vernon [Type or print] DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) May 21. MaleWIDOWED [DIVORCED [10a USUAL OCCUPATION (G've kind of work 1 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Elgin Matricia Miles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [If yes give we ror detes of service] Richard Elgin, 8545 Vateroak Road, Towson 4 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Interstitial pneumonitis IMMEDIATE CAUSE (e) Office DUE TO geve rise to immediate cause DUE TO (a), steting the underlying cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY PERFORMED? YES NO Medical pluous 206 EXTERNAL CAUSE WAS 20b. DESCR,BE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. sase execute the certificate, writing should be forwarded to the Chief I FUNERAL DIRECTOR: Page 3 s 1 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, ferm, , 20f. (City or town) the Chie 20c. TIME OF NJURY Month, Dey, Year (County) (Stote) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opin.on Undetermined manner death resulted from: Natural causes | Accident Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER T Bradley King, Jr., M.D. EXAMINER'S June 26, 1960 NAME (Type) Address (Street, city, town, or county) DEPU 22c, NAME OF CEMETERY OR CREMATORY T 22d, TOCATION (City, town, or country) 226, BUR, AL. CREMATION, 225 DATE THEREOF REMOVAL (Specify) It. Stanislaus Cemetery Baltimore BURIAL 6-29-60 40 g 23. FUNERAL DIRECTOR ADDRESS 246. REC'D BY REG STRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME St. Paul Street Alliam Cook, Inc., 1217 arthur & Kraus 5M 7/58 DATE JUN 2 8 '60 2047201XV4



1130	MARYLAND STATE DEPARTMENT OF I	41 42
	6644 CERTIFICATE OF	DEATH (1659)
3 10	1. PLACE OF DEATH o. COUNTY Haltimore MARYLAND 2 USUAL RES o. STATE	Naryland b. COUNTY Toltin. Ore
a Sala	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON	TOWN (If autside carporate limits, write RURAL and give nearest town) TOWSON
Jan 1	d NAME OF HOSPITAL (If not in hospital, give street oddress) Armacust Mursing Fore	ADDRESS 405 119 978 RESIDENCE ON A FARM? YES NO 17
W. C.	2 BLANAT FOR	Month Day Year N DEATH, Time 29, 1360 19
de la	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIR	
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP during most of working life, even if relived) Landscal Gardenar Gardening	
Jak .	13. FATHER'S NAME Jacob Eschmann	s maiden name Unknown
1 /	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (YOL NO OLIGINATION) (If you give wor of defea of security) 13 1-26-78 /9 VIOLET	G. Eschmann 405 Alaloma ad. Tew
The	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RONCHOPNOMON	INTERVAL BETWEEN THE ONSET AND DEATH 2 4 14048
Ony even	Conditions, if ony, which) The INANITION	2 WEEKS
)	gove rise to immediate couse (o), stoting the under- lying couse lost. DUE TO CARDNARY HEBRET	Disease YES.
3	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
4	200 ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
S		(Home, form, 20f (City or town) (County) (State)
the	21. I certify that I attended the deceased from. 2/8 19.5	7, to 6/29, 1960, that I last saw the deceased 9:15P.M. from the causes and an the date stated above.
o B	0 00 00	ADDRESS (Street, city or town, stole) DATE SIGNED M. PENNA. Aux 6/3/6.
		owsens & MD.
	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Cramatory Cramatory Cramatory	22d LOCATION (City, town, or county) (Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS .	240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
·	Um Cook-Townon, Inc. 1050 York Rd. Towson	DATE JUL 1 '60 arilary S. House



VS A15 (4) 15M 9/58

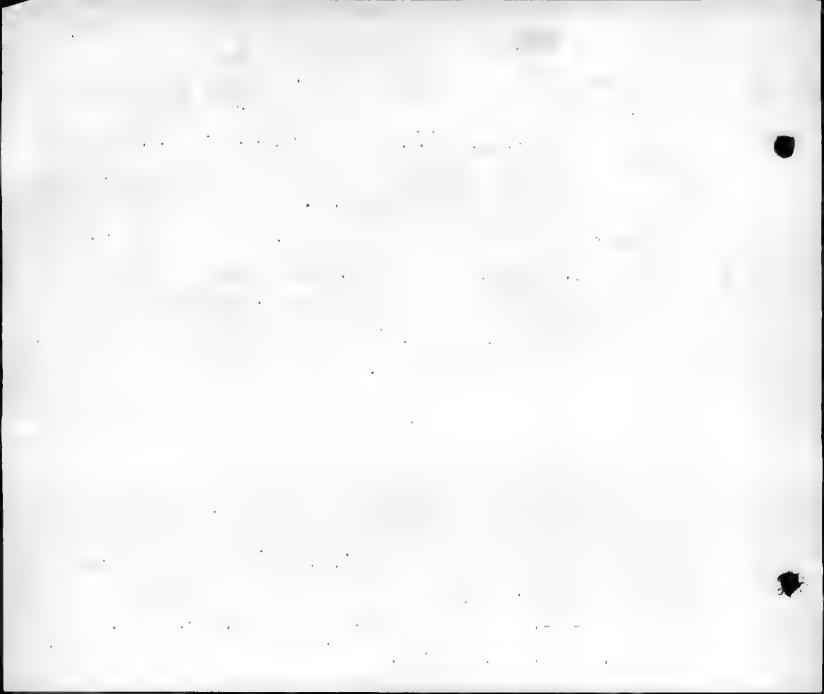
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6645

CERTIFICATE OF DEATH

(16599) Reg. Dist. No.

0030	reality and
PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE /// d. Baltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest form)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Kingsville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1453 Washington Ave.	d. STREET ADDRESS 1453 Washington Ave. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3 NAME OF First Middle OFCEASED (Type or print) Maru Marie	Farrell 4. DATE Month Day Year DEATH June 22, 1960
S. SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED White WIDOWED SX DIVORCED	B PATE OF BIRTH Aug. 5, 1892 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Ost birthday) 67 yrs. Manths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired) NOUSEWLEE	Penna. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick J. Mcyinley	Annie Mansel
	Mrs Thomas A. Brandt same
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concurrence	min / y-en
J 132 X DUE TO	4
Canditions, if my, which (b) 1 2 (unstall errors	in not may a 19 years
cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	·
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Part I or Part II af item 18)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e Pl 4 4 5 6 6 6 6 6 6 6 6 6	LACE OF NJURY (Hame, farm, 20f (City or town) (Caunty) (State) (Caunty) (State)
21. I certify that I attended the deceased from Hyrul. 3	1960, to 1960 That I last saw the deceased
alive an 6-22, 1960, and that death	h occurred at // A M, from the causes and an the date stated above
ACTUAL SIGNATURE () Celly	MD. Medical Center, Towson Plaza
PHYSICIAN'S Eugene J. Riley	
220 BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY C REMOVAL (Specify) 6-25-60 (alvary)	emetery Actiona, Penna. (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Leonard J. Ruck 5305 Harford Rd.	DATEIUN 2 4 '60



Item 21 (Corrected 'y 1 .010,7-1-tJ et CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. countraltimore b. COUNTY MARYLAND Maryland Baltimore b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sparrows Point Sparrows Point d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 16 E 316 ON A FARM? Street 916 E.Street YES TO NO TO 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) JOHN JOSEPH DEATH FITZGERALD, Sr June 19 60 22nd 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days male white June 21.1892 WIDOWED IX DIVORCED | papers 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mechanic Steel Philadelphia, Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 200 John Thomas Fitzgerald Anna Manion move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address no Mrs. Same 88 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cosse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CE 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not white of work at work 4444 DZ 1960 that I lost saw the deceased une 21. I certify that Lattended the deceased from and that death occurred at 7:30PM, from the causes and an the date stated above. olive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL D Street SIGNATURE John B. Conway, M. D NAME (Type) Sparrows Point 19 Maryland 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 6/25/60 Cathedral Cemetery New Baltimore . Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Dundalk 22, Md DATE HIN 28'60 VS A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6648

06648

\	c	PLACE OF DEATH	O. STATE	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY										
		3a 1 timore C TY OR TOWN (If outside corporate limits, wr	rfe c. LENGT	H OF STAY IN 1		V	utside corpora	te limits, write RI	JRAL ond give	nearest town	1)			
	F	RURAL and give negrest town) Ort Howard	23	Days	Bal.	timore				. E.	70			
	(d. NAME OF HOSPITAL (If not in haspital, give st OR INSTITUTION	reet address)		d. STREE	T ADDRESS			State.	e. IS RES	IDENCE FARM?			
1	V	eterans Administration	Hospit	al	385	7 Fores	t Park	Avenue	(16)		NO			
	3. I	NAME OF First		Middle		Lost	4. DATE OF	Mon	th .	Day	Year			
		Type or print) JOSEPH	Jacob	<u></u>	FORSHLAG	æR	DEATH	June		1	1960			
	5 5		MARRIED E NE	EVER MARRIED	B DATE OF E	IRTH 1	892 9	AGE (In years last birthday)	Manths Da	_	ER 24 HRS			
	M	lale White WID	OWED 🗍	DIYORCED [Octobe	er 15,*	333	楚 67/15	J. Gillia	75 110015	Web.			
	10a	USUA. OCCUPATION (Give kind of work done dwing most of working life, even if rehired)			DUSTRY 11. BIRT	HPLACE (Stole	ar foreign cou	intry)	12 CHIZEN	OF WHAT C	OUNTRY?			
\			insalb	ient		Land			U. 8	3. A.				
		FATHER S NAME			14 MOTH	ER'S MAIDEN N	IAME							
\mathcal{I}		braham Forshlager			Blums	MN: 1	Jnknowi							
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SE		INFORMANT			Addi						
	Y	es WW I	no	<u> </u> C	lin.Rec.	VAH, Ba	lto.18,	Md.Fort	Howard	Divis	sion			
		18. CAUSE OF DEATH [Enter only one couse p	er line far (a),	(b), and (c).]						INTERVAL BE	TWEEN DEATH			
		PART I DEATH WAS CAUSED BY , MMEDIATE CAUSE (a)	NEURYSM	1, ABDOM	INAL, RU	PTURED				MT WT	NUTES			
		Condition if any with ARTERIOSCIEROSIS, GENERALIZED												
		construction (b)												
		cause (a), stating the under-							• •					
	-	lying couse lost. (c)												
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTO PERFORMENT ADMINISTRATION OF THE PROPERTY OF THE P										RMED?			
	FICA	ARTERIOSCIEROTIC HEART DISEASE & RECENT MYOCARDIAL INFARCTION YES NO A												
		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? ARTERIOSCIEROTIC HEART DISEASE & RECENT MYOCARDIAL INFARCTION 200. ACC DENT WAS LUNDERLYING DOWN DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of 19m 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
	MEDICAL	Haur o m.	hile Not wark at we	while	PLACE OF INJUI foctory, street, o			ar town)	(Cou	nly)	(Stote)			
		21 I certify that (\$\$ (this haspital) at	tended the d	deceased fra	mMay 8	19	[_ ot. , Q	une 1	, 19_60	thata(N)	we) last			
		saw the deceased alive on June_1		5Q , and the		rred at D	M, fram t							
		22a. SIGNATURE									B DATE SIGNED			
			1	2.00	M D PHYS	DI	RECTOR -	STAFF PHYS 🙀		6/	1/60			
		22c PHYSICIAN'S / NAME (Type) OT UNE D COTE	M D	*	22d. AE					-1	,			
		CLYDE B. COPE	, M.D.		VAH	BALTIN	ORE 18	, MARYLA	ND,FT.	HOWARD	DIV.			
	23a	BURIAL CREMATION 236 DATE THEREOF		ME OF CEMETER		Y		ON (City, Iown, o		(Stat				
		Burial June 3/60	Bet	h Tfillo)h	·	Bal	more C			and			
		FUNERAL DIRECTOR'S SIGNATURE		RESS			D BY REG STR		TRAR'S SIGNA					
	Sc	l Levinson, Reis tertown	and P	inkney R	ds.Balto	-M@AT	60	Ctt	ur I Kin	LL SAL				

may be read by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 2 haurs after death

R ATTENDINE PHYSICIAN: The law requires that the death mertificate the exempted within 24 hol

Her death. Page 4

TO HOSPITA VR A15 (4) 15M 9/59



12

ICICATE OF DEATH	066
IFICATE OF DEATH	Reg. Dist. No.

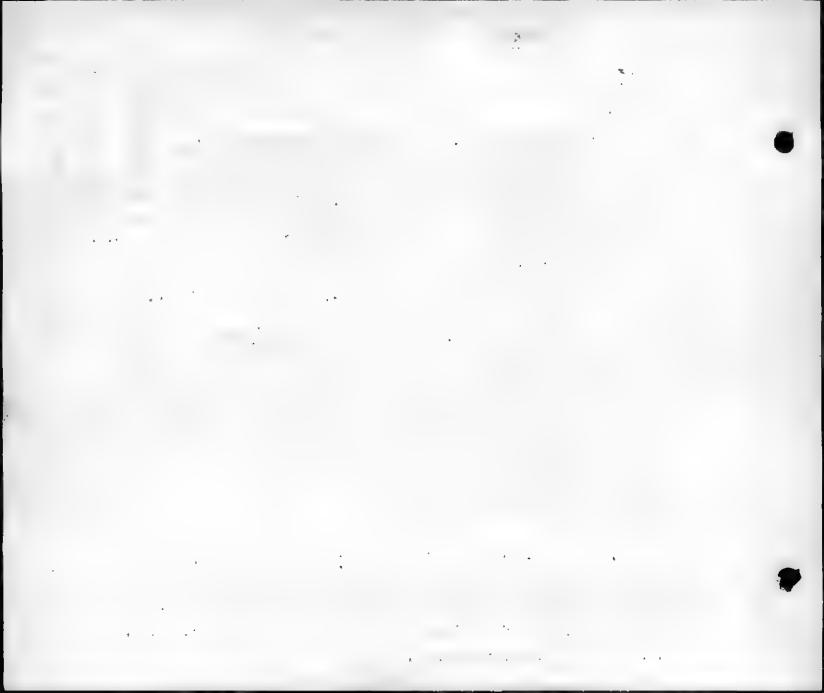
1. PLACE OF DEATH o. COUNTY B	altimore		MARYLA	ND	2. USUAL RESID O. STATE	ence (who		d lived. If it b. CO			ce before ad	
b. CITY OR TOWN RURAL and give r Owings M:	If outside corporate lim legrest town) L115	its, write	c LENGTH OF STAY IN	1Ь	c. CITY OR T	own (If o		prote limits, v	vrite Rl	JRAL and g	give nearest	town)
d NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, a 115 Gwynnb	rook	AVe.		/ 115 G		rook	Ave.				RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Mary		avina Fra	ank	Last		4. DATE OF DEATH	June	3,1		Day	Year 19
5. SEX Female	6 COLOR OR RACE White	7. MARR	DIVORCED		Jan.8,1	880		9. AGE (In last birth 80	years day) yrs.		Doys Ho	NDER 24 HRS ors Min.
during most of wor	king life, even if relired	done 10b.	KIND OF BUSINESS OR I	INDUS1	Mar	yland	1	ountry)			ZEN OF WH	AT COUNTRY
13 FATHER'S NAME	Villiam Sco	tt			14 MOTHERS	MAIDEN N						
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. 5 ARMED FOR (If yes, give wor or dates of :		SOCIAL SECURITY NO.		formant rry A.Fr	ank,0	wings	Mills	Addr Mc			
Conditions, if, gove rise to couse (o), sloting lying couse lost. Part II. Of	the under-)	ONTRIBUTING TO DEATH	H BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITIO	ON GIV	en in Pari	T 1(o) 19 W	AS AUTOPSY
THE EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED	(Enter noture of	injury in P	ant For Por	t il of item	IB.)			□ мо 🗵
Y 20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	White	NJURY OCCURRED 20 k of work	e PLA foct	CE OF INJURY () ory, street, office	tome, form, bldg., etc.	20f (City	y or lown)		(C	County)	(Stote
21. I certify alive on	hot I ottended the	4	ed from Decesul	eoth N	occurred at 1954	13.1			es on	d on the	dote sto	e deceased of ed obove DATE SIGNED
NAME (Type) 220. BURIAL CREMATIK	ON, 226 DATE THERE	OF .	22c. NAME OF CEMETE	RY OR	CREMATORY		22d, LOCA	TION (City,	town, o	or county)	<i>V</i>	(Slote)
REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	June 6.1	960_	Pleasant I			24a B5/15		ngs Mi	lls			,
	ne & Sons.R	eiste				DATELLIN				huy S. 1		

TO HOSPIT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. The death. Page 4 may be read by the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campitate). Wiled in by the funeral director.

Page 3 should be detached for use as the buriah-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

offer death. Page Ax



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AMEDICAL EXAMINER'S CERTIFICATE OF DEATH OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCCUPANION OF STATISTICAL RESEARCH AND RECORDS AND RESEARCH
HEALTH DEPT.	1. PLACE OF DEATH 6649 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm ssion)
Page lies.	e. STATE b. COUNTY
our files.	b. CITY OR TOWN (if outside comporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside comporete limits, write RURAL and a venerated lown)
r is neces. r your fi	Write RURAL end give neeres town
for y is	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street educess) d. STREET ADDRESS e. IS RESIDENCE
funera sined State B	Sparrows Point Dispensary 511 E Street YES NO K
any ne fu etair s Sta deat	3. NAME OF First Middle Last 4. DATE Month Dey Yeer OF
The start of the s	(Type or print) LEROY JAMES GARRISON DEATH JUNE 21 19 60
d 3 d 3 with	5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 14 HRS.
d 2 m	veril
1, 2, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retured) 11b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHPLACE (Siele or fore.gn country) 12. CITIZEN OF WHAT COUNTRY None 12. CITIZEN OF WHAT COUNTRY U.S.A.
hour ages ages 1 ages 1 thin	13. FATHER'S NAME
4 d 3 d 3	William Kiem Maxine Garrison
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no, or unknown] [(Ifyesgive wet or detes of service)
2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E	No None None Maxine Garrison 511 E. Street 19
A T S T S	18 CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
5 × 2	IMMEDIATE CAUSE (6) Interstitial Pneumonitis
4 4 2 2 2	DUE TO
in Survey of Sur	geve rise to immediate cause (b)
ding ate s	(a), steting the underlying DUE TO
pen (ami)	
al End	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED?
oran Para	2Do EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18) PRIMARY or CONTRIBUTING CAUSE OF DEATH.
TER Park Shall	
writing Chief age 3 to buri	20c. TIME OF INJURY Month Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (Cily or lown) (State) Hour e.m. While Not While fectory, street, office bldg., etc.)
The A	Politic 17 hand bank
175 50 7	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry, and in my opinion
o certification of cert	death resulted from: Natural causes 3. Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER
MEDI te the c forwar L DIRI	ACTUAL (1) COLD S CONTROL EVANIDAD FOR
MED MED be forwar RAL DIR	SIGNATURE M.D.
S H G X	EXAMINER'S NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county) 220. BURIAL (Specify) 221. DATE THEREOF 222. NAME OF CEMETERY OR CREMATION (City, town, or country) (Sleet)
DEP ease shoul FUN its d	
0 2 4 0 p	Rurial 6-23-1960 Sacred Heart of Mary, German Hill Rd. Md.
VS. A15ME	JOHN J. DUDA 7922 Wise Ave. 22. Md. DATHUN 27'60 Online S. Kinna
5M 7/59	JOHN J. DUDA 7922 Wise Ave. 22, Md. DATHUN 2760 Onther S. Huma
1 40	:



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) . COUNTY y's necessary, director. Page or your files. b. COUNTY altimore County MARYLAND b. CITY OR TOWN (if outs do corporate him is, c. City OR TOWN (If outs da corporata limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Baltimore Sparrows Point 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) TO Boar d. STREET ADDRESS be retained to the State B offer death... Milton Ave Bethlehem Stell Hospital 3 NAME OF Middle DATE Month DECEASED OF (Type or print) DEATH ×ih 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS 2 will age 5 may land 2 wii 72 hours last birthday) | Months, Days and MINE WOUX 10e USUAL OCCUPATION (Give kind of work 11. BHRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if refired) STEEL P.M.3. 13. FATHER'S NAME form WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. IN Address (Yes, go, or unkown) i (If yesgive war or detex of service) Office along with burial-transit permi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 72.0 h./ **DUE TO** Conditions, il any, which (b) gave rise to immediata cause Examiner's 102 **OUE TO** (a), stating the underlying causa lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19, WAS AUTOPSY 2 lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year , 20d IN UNT OCCURRED , 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bidg., etc.) Hour a.m. Whill Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection 4 Inquiry death resulted from: Natural causes Accident Sufcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE *OEPUTY MEDICAL EXAMINER* EXAMINER'S NAME (Type) Melvin B. Davis 228 BURIAL, CREMATION, 226. DATE THEREOF, NAME (Type) Address (Street, city, town, or county) DE NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Spacify) 5 O P ADDRESS 24a. REC'O BY REGISTRAR | 24b. REGISTRAR VS. A15ME Chilling S. Throsa 5M 7/59 DATELL

a. IS RESIDENCE ON A FARM?

YES NO

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO E

(State)

YES.

and in my opinion

DATE SIGNED



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

6651

066til.

UUUA									
1. PLACE OF DEATH 0. COUNTY		2. USUAL RESIDENCE (Where deceased live a. STATE	d. If institution. Residence b. COUNTY	before admission)					
BALTIMORE	MARYLAND	MARYLAND	5. COUNTY	V					
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and g v	e nearest town)					
FORTT HUNARD	57 days	BALTIMORE		V 1.4					
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
VETERANS ADMINISTRATI	ON HOSPITAL	607 Harvey St	reet	YES NO					
3. NAME OF First	Middle	GODDINGS 4. DATE	Month	Day Year					
OECEASED (Type or print) DANTEL	К.	GODDAND OF DEATH	June 14	1960					
		B. DATE OF BIRTH 9 A		YEAR IF UNDER 24 HRS					
Male White WIDOV	200	october 31, 1876	83 rs Months D	lays Hours Min					
Oa USUAL OCCUPATION (Give kind of work done 10b			974	N OF WHAT COUNTRY?					
during most of working life, even if retired)	Railroad	Casey, Illinois		U.S.A.					
Conductor h	arrioda	14 MOTHER'S MAIDEN NAME		0 4 12 412 4					
Garage Codond		Martha Jones							
George Godard 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 IN	FORMANT	Address	-					
Yes, no or unknown, (If yes, give wor or dates of service) Yes SAW	1	n.Records, Vet.Adm.H	osp.Balto.Md	. Ft. Howard					
18. CAUSE OF DEATH [Enter only one couse per	INTERVAL BETWEEN								
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CIF	24 HOURS								
4670 38/6000									
Canditians, if any, which) (b) AF	UNKNOWN								
gove rise to immediate course (a), stating the under-									
	ST OPERATIVE CO	MPLICATIONS		UNKNOWN					
PART II OTHER'S GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	NOIT ON GIVEN IN PART	(a) 19 WAS AUTOPSY PERFORMED?					
EMPHYSEMA. CHRONIC BRAI	N SYNDR ME, CAF	CINOMA OF SIGMOID		YES NO					
PART II OTHER'S GNIFICANT CONDITIONS EMPHYSEIA. CHROVIC BRAI 206 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I ar Part II o	Fitem 18.)						
	INJURY OCCURRED 20e. PL	CE OF NJURY (Hame, farm, 20f. (City or fi	own) (Fo	unty] (State)					
Haur a m While	e Natwhile fac	tary, street, affice bldg. etc.)	2441)	(5.610)					
	ork of work	12.30	31 /0						
21 I certify that (1/2) (this haspital) atten				, that X I) (we) last					
saw the deceased alive an June_11	19 <u>_60</u> , and that d	eath accurred al 30MM from the	causes and an the						
FRIENCE DI	22b. DATE SIGNED								
22 PHYSICIAN'S	narcus,	-	HYS 🔼 6/14,	/60					
NAME (Type)	TITO M T	22d ADDRESS	D TIM III.IA	DD DTUTCTON					
LAWRENCE D. PARC	105, M.D.	VAH, BALTIMORE, M	D II HOWA	TATOTOM					
3a BUR A., CREMAT ON. 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION	(City, tawn, ar county)	(State)					
Burial 6-70-6	Cedar Hill	Baltim	ore County.	Md.					
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE					
James McCully, 128 E. For	t Ave. Balto 30	. Md. DAMUN 1 6 '60	0-11-04	4					

TO HOSPITA RATIONALE FITYSICIAL: The low Equires that the death mertificate be executed within 21 however the best be a by the haspital or attending physician.

TO FUNER IN ECTOR: After this certificate has been signed by the attending physician and completely filled in Expange 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hows ofter death.

VR A15 (4) 15M 9/59

ofter death. Page 4

the funeral director, should be filed with filed with



VS A15 (4) 15M 9/58

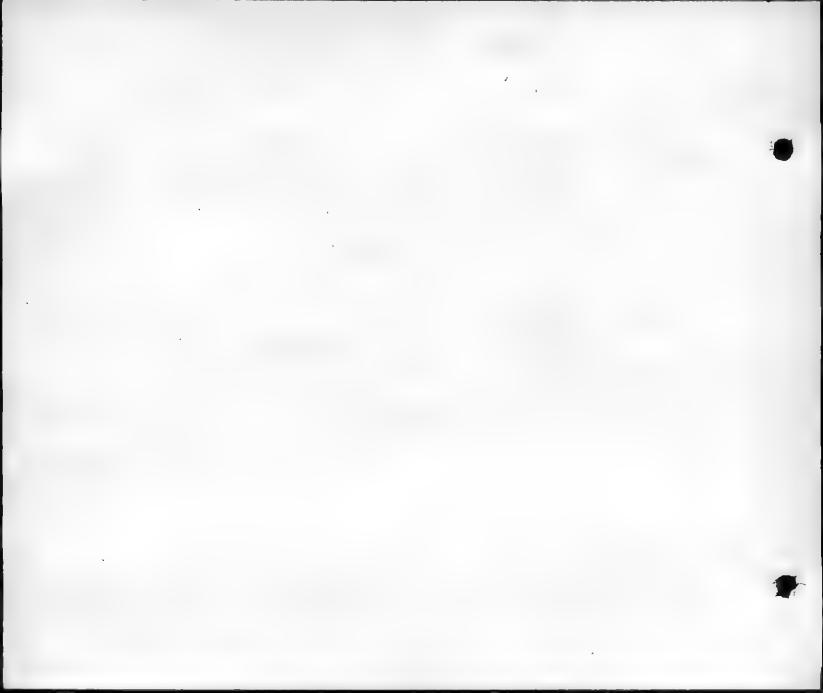
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDT	IFICATE		DEA	Man I
LEKI	IFICAIE	UL	UEA	МП

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Red Distrible ?

1 PLACE OF DEATH 0_COUNTY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE			
BALTIMORE MARYLAND	MARY LAND.			
b. CITY OR TOWN (If ou side corporate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If outside corporate limits, wrste RURAL and give nearest town)			
CARNEY	X CARNEY.			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM?			
2454 ELLIS KOAD	2454 ELLIS KOAD. YES NO			
3. NAME OF First Middle DECEASED	Lost 4. DAYE Month Day Year			
	00CH. DEATH June 13 1960			
5 SEX 6. COLOR OR RACE 7. MARRIED ☑ NEVER MARRIED □	B. DATE OF BIRTH SAGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min			
MALE WHITE WIDOWED DIVORCED	JULV 6 1894 65 yrs			
10a USJA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?				
MACHINE CPERATOR CROWN CORKY SED WASH D. C. 2. S.				
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
WILLIAM GOOCH.	MILLIE JONES,			
	INFORMANT Address			
YES LOT WW. 19	DELINE M. GOOCH-2454 ELLIS KORD			
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN LONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) amy otrophic lateral activate 347				
DUE TO				
Conditions, if ony, which } (b)				
gave rise to immediate DUE TO				
lying couse last. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?				
	YES NO			
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Port I or Port II of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)				
20c. TIME OF IN.URY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Hour a.m. 19 Of work of work of work 19 Of work				
21. I certify, that I attended the deceased from Q and				
	=54			
dive di 19 200 di di ilidi debil	ADDRESS (Street, city or town, state) DATE SIGNED			
ACTUAL IX DECELOR OF OPERATOR COLOR HOLDER				
SIGNATURE / WITO COL CE + GNOCE	M.D 3-1 10 9 f (188 17 - 2.22 - f)			
PHYSICIAN'S HARDLO A-GROTT,	r. Balto 14, M.R.			
220 BLR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)				
BURIAL 6/16/60 HEW CATHEDRAL OLD FREDERICK RD MD.				
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR'S SIGNATURE				
Clusten O, Nonovan-35/5 Adam	DATEJUN 16'60 Creling S. Kines			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6652 CERTIFICATE OF DEATH

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		000.					
		PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (WH		If institution: Resident	ce befare adm ssion)
1		b CTY OR TOWN (If outside carporate limits, RURAL and give nearest fawn)	write C. LENGTH OF STAY IN 16	c. CHYOR TOWN (IF o	17/	its, write RURAL and g	give nearest town)
		d. NAME OF HOSPITAL (U-o) in hospital, giv OR MISTITUTION	e street address)	d STREET ADDRESS	nalec	ide '	e. IS RESIDENCE ON A FARM? YES NO
1		NAME OF DECEASED (Type or print)	n E. Middle	rver	DATE OF DEATH	Perne	Day Year 9 1960
6	5	7 - 0 1/1/1-	MARRIED NEVER MARRIED	B DATE OF BIRTH 199	P AGE	(n years IF UNDER birthday) Manths	Days Hours Min.
	100	OUSUAL OCCUPATION (Give kind of wark do during most of working fe, even if retired)	ine 106 KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	ar foreign country)		ZEN OF WHAT COUNTRY?
)	13	FATHER'S NAME	ver	14. MOTHER'S MAIDEN N	NAME .	Teld	7
1	15	WAS DECEASED EVER IN J S. ARMED FORCI		INFORMANT (: C.	Reich	Address	res
		PART I. DEATH (Enter only one course of the	e per the far (a), (b), and (c)]	infacts	~	,	INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	Diabetes Is	lic condove	escular	Duene	3 year
1	CATION	, (C)	TIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	nal disease coni	DITION GIVEN IN PAR	
	CERTIFI	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of i	tem 18)	
	MEDICA	20c TIME OF INJURY Month, Day, Year Hour a.m. p. m. 19		PLACE OF INJURY (Home, farm actory, street, office bldg., etc		(n) (C	Caunty) (State)
,,		21 I certify that (I) (this hispital) saw the deceased alive on 6.3		1953 , 19 death accurred at 16 10	, ta 6 M, fram the c		O, that (I) (we) last a date stated above.
		220 SIGNATURE Plus Tress	D. C. C.	M.D. PHYS DI	ED STA	FF 'S .	6-9-60 SIGNED
}		22c PHYSICIAN'S NAME (Type) JOHN A. /	VESKITT, JR	22d ADDRESS 1/18 St	Poul D	· Balter	ore 2, had
-	230	BLIPIAL, CREMATION 236 DATE THEREOF	0 0 1/2	OR CREMATORY	23d 10 CAT ON 10	lity tawn, or, county)	(State)
·/	24	ENERAL DIRECTOR'S S GNATURE	Don 20		D BY REGISTRAR	25b REGISTRAR'S SIG	

Joffer death. Page 4 and 2 should be filed with TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h may be it is by the haspital or attending physician

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely fulled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 of the State Board of Health prior to burial, cremation, or remaval, and in any event, within 27 haurs ofter death VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	6653	3	CERTIFICA	TE OF DEATH			Ut	Clot,	<u> </u>
6 COUNT	sewood Sta	te Tra	ining School	2. USUAL RESIDENCE (WHO STATE Mary)		b COUNTY	on Residence b		iss.on)
b. CITY OR TOWN (I	f autside corporate limi	ls, write p.	LENGTH OF STAY IN 16	c CITY OR TOWN (If a	utside corpora	te limits, write R	URAL ond give	nearest to	wn)
RURAL and give ne Owings Mil	ls, Marylar	id	8/3/59	Lexington F	ark, M	aryland		1. 3	,
d. NAME OF HOSPIT	At (If not in hospital, g		ress)	d. STREET ADDRESS				e IS RI	ESIDENCE A FARM?
or institution os ewood Sta	ate Trainir	g Scho	ol	25 Roosevel	Lt Aven	ue			□ NO 25
NAME OF DECEASED	Fir	12	Middle	Lost	4. DATE OF	Mon	th	Day	Year
(Type or print)	In	ring	Pete	Harley	DEATH	6		23	19 60
SEX			NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years last b ritiday)	IF UNDER 1 Y	_ +	DER 24 HRS
Male	Negro	WIDOWED !	DIVORCED [4/3/43		17 yrs	Months Do	ys Hour	s Min
a USUAL OCCUPAT C	ON (Give kind of work king life, even if retired	done 10b KIN	ID OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote	or foreign cou	nlry)	12 CITIZEN	1 OF WHAT	COUNTRY?
totting most of work	mas	,		Maryland				U.S.A	Lo
FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME				
John Matth	ew Harley			Iola Agath	a Harve	y			
. WAS DECEASED EVE	R IN U. S. ARMED FOR		CIAL SECURITY NO. 17, II	NFORMANT		Add	ress		
no, or unknown)	(If yes, give war or dates of s	arvice)	R	osewood Recor	ds				
	ATH [Enter only one co	use per line f	or (a), (b), and (c)]					INTERVAL	
PART I. DEA	TH WAS CAUSED BY:	Agni	ration pneumo	mia				ONSET AN	D DEATH
. 55	IMMEDIATE CAUSE (o	-	00201						
Conditions, if o		(Chan	onic sinusiti	s with basala	r infi	ltration	1)	5-1	months
gove rise to it	mmediate CUE TO	,	DITTO DITTEOTOS	20 1112 413 200 200					
Ly'ng couse lost.	The under-	TO 4 7	ensv (seizure	e) grand mal t	vne				
PARE II. OTH				NOT RELATED TO THE TERM		CONDITION GIV	EN IN PART 1	o) 19 WA	S AUTOPSY
Dinlogio	udth inin	nv at	hirth with a	ymptomatic epi	lepsy			PERF YES [FORMED?
				D. (Enter noture of injury in		It of item 18)	-		
OR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)			,					
20c. TIME OF INJUR		gr 20d INJU	IRY OCCURRED 20e PI	ACE OF INJURY (Home, farm	, 20f. (City o	or town)	(Cou	ntv)	(Stote)
Hour o.m.	19	While	_ Not while fo	ctory, street, office bldg , etc			,	,,	,,
p. m.			ot work	1100160		/23/60			
21 I certify tha	it (1) (this haspita) attended	the deceased fram.	0/20/00 19		/23/60	, 19	, that (I)	(we) last
	sed, alive on 6/2	3/60_	19 , and that (death accurred at	M, fram	he causes ar	d an the d		
22º SIGNATURE	1//	0	0.0	ATTENDING M	ED ,ag	STAFF			22b DATE SIGNED
	tarry 13.	But	Cer mo.	M D PHYS DI	RECTOR 1	PHYS		6/24	1/60
22c PHYSIC ANS S NAME (Type)	/ -	7	W D	Rosewood S	Project	r Schoo) Oud v	ICE MI	11e. M
	Harry G. E	sutler,	M.D.	nosewood .	Lamil	R DCIIOO	L, UNII	Sp vit	- CO
BURIAL, CREMATIC REMOVAL (Specify)		OF 3	30 NAME OF CEMETERY	OR CREMATORY	23d LOCATION	ON (City, town,	or county)	20 4	tote)
burial	6-2/-	-60	JT Fet	ers	LU:	3/0/6	rt	IVA	-
EMYERAL DIRECTOR	-t. 1 .	1/	ADDRESS /	C/a / 250 REC	D BY REGISTR	AR 25b. REGI	STRAK'S SIGN	ATURE	
Hunel 7	theneral of	lone	Waldow.	Med DATE DATE	N 2 9 '60	ÇI.	21, 70		

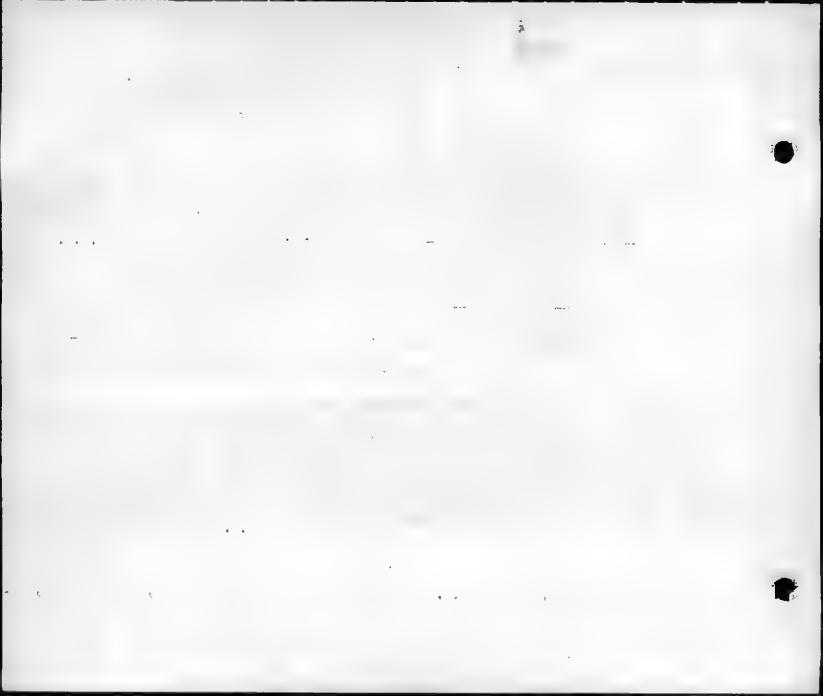
may be a by the hospital or attending physician.

The law requires that the dooth certificate be executed within 24 h. c. ofter death. Page 4 may be a by the hospital or attending physician.

Stuner RECTOR: After this certificate has meen signed by the attending physician and campletely filted in my the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death may be TO FUNER VR A15 (4) 15M 9/59

TO HOSPIT

ofter death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH 6654

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20

U. S. A.

Days

e. IS RESIDENCE ON A FARM?

YES NO X

Year

19

Haurs

INTERVAL BETWEEN ONSET AND DEATH

RECENT

RECENT

UNKNOWN

1960 that (we) last

(County)

WAS AUTOPSY

PERFORMED?

YES 🕢 NO 🗌

22b DATE

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

60

director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admiss on) a COUNTY Maryland **b.** COUNTY MARYLAND Baltimore funeral old be fi b. CITY OR TOWN (If autside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) c, LENGTH OF STAY IN 16 RURAL and give nearest tawn) 1927 Brunt Street BALTIMORE 115 Days Fort Howard the d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 1927 Brunt Street Veterans Administration Hospital DATE First Middle Lost Manth DECEASED RAYES DEATH June CRAWFORD (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 B. DATE OF BIRTH S SEX MARRIED NEVER MARRIED last birthday) 3 53 yrs. Months WIDOWED | DIVORCED [**Sentember** 30.19065 Male Negro 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) COM during most of working life, even if retired) Bakery Company South Carolina Porter puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CO 8 Lulu Tate Payton Hayes physici IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Clin.Records, VAH, Balto. 18, Md. Fort Howard Divisio Yes 213-12-6635 ing. WW 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (a) GANGRENE LUNGS BRONCHOPNEUMONIA. BILATERAL Canditions, if agy, which permit. gned gave rise to immediate XXXXXXXX cause (a), stating the under-(c) CARCINOMA OF TONGUE hos been si lying cause last burnal-transit PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Arteriosclerotic Heart Disease, duration unknown ę ත 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, Day, Year 20d INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) Haur a.m. Wh le Nat while at work at work June 21 I certify that [this haspital] attended the deceased from February 26,060 20 M, from the causes and an the date stated above. saw the deceased alive an June 20 d by the h and that death accurred at p. 22a 5 GNATURE ATTENDING DIRECTOR [PHYS. X ਰ MD PHYS. 22c PHYSICIAN'S 22d. ADDRESS CLYDE B. VAH.BALTIMORE 18, MD. FT. HOWARD DIVISION COPE, M.D. FUNER 23a BLR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City town, or county) 23b. Buffan (Specify) Arbutus Memorial Park Arbutus Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR

Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md. DANIN 24'60

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ofter death. Poge

certificate

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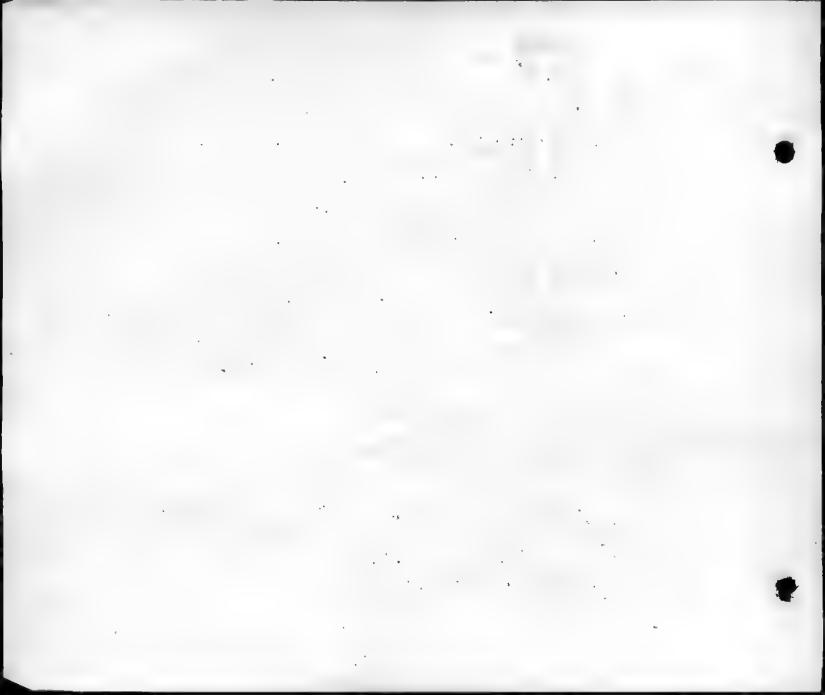
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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1
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		665:	i	CERTIFI	CA	IE OF D	EATH				Reg. D	ist. No.	- I	
)	PLACE OF DEATH o. COUNTY	Balto.		MARYLA	- 11	p. USUAL RESID p. STATE		ere deceased		nstitutio	n Rasidei Bal		re admiss	on)
	RURAL and give no	f autside carporate limi corest tawn) 18V1110	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TO	ons v	*	rate limits, v	write RL	JRAL and	give nec	irest town)
	OR INSTITUTION	AL (If not in hospitor, g				22 Wo		wn A	ve.				IS RES	FARM?
	NAME OF DECEASED (Type or print)	Ann i		Middle R.	Не	agerty		4. DATE OF DEATH		Ju		18	у	Year 1 6 0
5.	SEX F	6. COLOR OR RACE	7 MAR WIDOW	RIED NEVER MARRIED ED 7 DIVORCED [Nov.1	1865		9. AGE (In tost birth 94	years day) yrs	Manths	Doys Doys	Haves	R 24 HRS Mín.
	HORSEKOE	king life, even if retired	done 10b	Home			Md.		ountry)		12.CIT	IZEN OF	WHATC	OUNTRY?
13	FATHER'S NAME	_				14. MOTHER'S	MAIDEN N	AME						
L		nanuel Ge					Ma	ry O	wens					
		R IN U. S. ARMED FOR (If yes, give wor or dotes of i		SOCIAL SECURITY NO.	INF	DRMANT				Addre	P\$3			
				7	Mrs	. Frar	cis	Albe	rt 22	2 W	oodl	awn	_Av	9_•
			use per li	ne for (a), (b), and (c).	2"	1.	Si.	- /	7 -L		1/	INTI	RVAL BE	DEATH
	PART I. DEA	TH WAS CAUSED BY- IMMEDIATE CAUSE (c	1	07116	1	200	71 C	00	YC	72.5	ten	TO C	3	G.a.
	Candifions, If a		50	usala	de	iosce	600	osi	di					-
	gave rise to i cause (a), stating lying cause lost.												<u> </u>	
CERTIFICATION	PART II OTH	ier significant con	DITIONS	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMIN	VAL D SEASI	CONDITIO	N GIVI	EN N PAI	RT 1(a) 1	9 WAS PERFO YES	AUTOPSY RMED? NO 151
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	URRED	(Enter nature of	injury in P	ort I or Port	t II of item	IB)				
MEDICAL	20c, TIME OF INJUR Haur a m P m	Y Month, Day, Ye	Whie		le PLACI foctor	OF N.LRY IF	ome, farm, btag , etc.)	20f (City	ar tawn)	_	(Caunty)		(State)
	21. I certify alive an	at lattended the	deceas		soth o	ccurred at	1354	AZZC M, fram	the cour					
	ACTUAL SIGNATURE	Consi	Ti ac	ci / 7616	ZX/A	<i>l</i>		ADORESS (S						E SIGNED
	PHYSICIAN'S ENAME (Type)	tlicott 8	ity.	ofessional Maryland	Cei	nter								
220	BUR.AL, CREMATIO REMOVAL (Specify) BUR1al	6- 21-)F	220 NAME OF CEMETE Baltimor	RY OR C			7	ιον (city, a lti r				(Stat	'e}
23	FUNERAL DIRECTOR			ADDRESS			24a. REC'D	BY REGIST			TRAR'S S		RE	
I	arlev F	meral Ho	ma C	atonsville	. Mo		DATE	0.0.100						



1 1 30	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
*	6656 CERTIFICATE OF DEATH Reg. Dist. No. (16512)
director director	1. PLACE OF DEATH COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY Baltimore
de d	b CITY OR TOWN (If outside corporate limits, write Sparrows Point 35 Yrs. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparrows Point
the f	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Res., 7218 Bay Front Road 22 / d STREET ADDRESS ON A FARMA YES NOTE:
24 hou	3 NAME OF DECKASED (Type or print) Laura J. Heiry DEATH June 7, 19 60
d within s. Pogs.	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years light withday) Months Days Hours Min.
and camples bon popers er death.	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOUSEW 11e 12. CITIZEN OF WHAT COUNTRY? Delaware U.S.A.
her her be	Robert T. Burgess Annie M. Callahan
ng physicia e remove co 72 hours of	No None 18. Social Security No 17 Informant 213-07-232BD Mrs. Lillian R. Barry 7218 Bay Front
es that the death ce ed by the attending rmit. Then please re any event within 72	18. CAUSE OF DEATH (Enter only one couse per liae for/o), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate
we requir	tying cause lost. (c) King the late, faire Lx 11:- 11:5 7 day
4: The lo ling phys the hos b burial-th removal	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING D CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH
PHYSICIAN of or offend his certifica r use os the emation, or	U (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a.m. p. m. 19 of work o
A DE LA STENDING OF THE PASSING AFFORM AFFOR	21. I certify than I attended the deceased from 1950, to 1950, that I last saw the deceased alive on 1950, and that death occurred at 1950, M, from the causes and on the date stated above. ACTUAL SIGNATURE TAN-2 M.D. 520 L.S. Jakk 19 M.M. 6/60 PHYSICIAN'S
HOSPITA moy be reposed the registro	NAME (Type) Q ho 6 Car County
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE John J. Duda 7922 Wise Ave. 22. Md. ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 10'60 Chilum J. Kraua



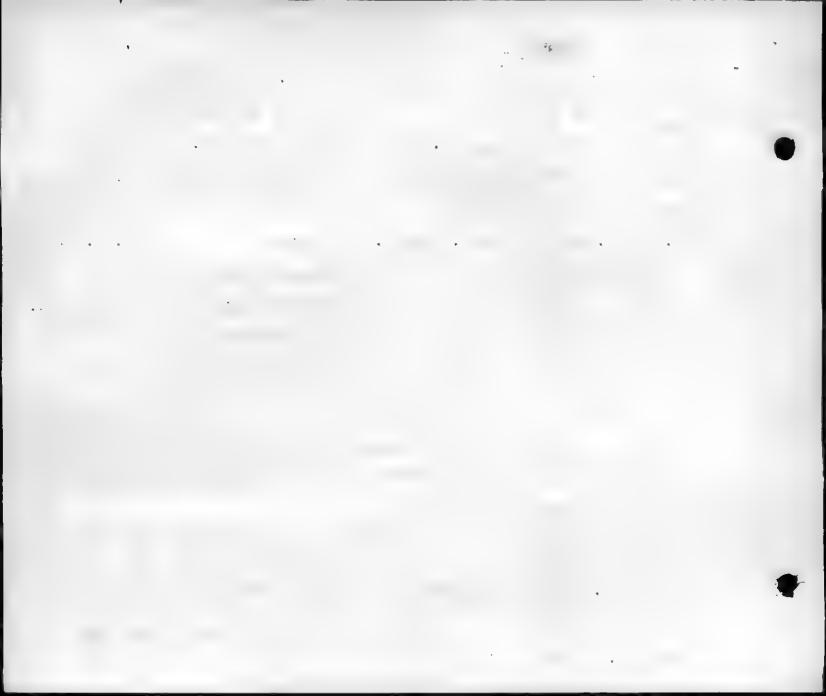
	DIVISION OF			MORE I, MARTLAI	(L)	0.4 =
	6657	CERTIFICA	TE OF DEATH			
1. PLACE OF DEATH	0.00-8		2. USUAL RESIDENCE (Wh			e before admission)
a. COUNTY	Baltimore	MARYLAND	o. STATE Md.	b. C	OUNTY Balt	imore
	(if ouls de carporate limits, write	c LENGTH OF STAY IN 16	,c, CITY OR TOWN (IF o	utside corporate limits,	write RURAL and gi	ve nearest tawn)
RURAL and give	Baltimore		Baltimore	Arbutu	8)	
d. NAME OF HOSE	ITAL (If not in hospital, give street of	address)	d STREET ADDRESS	7-12 2 4 4		e. IS RESIDENCE
OR INSTITUTION	1223 Steven	s Ave. #27	1223 Stev	rens Ave.	#27	YES NO K
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	Ferdinand	Hellmann		OF DEATH	June 22.	196019
5. SEX	6 COLOR OR RACE 7. MARR	EDE NEVER MARRIED	B. DATE OF BIRTH	9 AGE (le lost bir	11 1 1	YEAR IF UNDER 24 HRS
male	white wipowe		May 4, 188	36 74	уга	Days Hours Men
10a USUAL OCCUPAT	ION (Give kind of work done 10b arking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (State	ar foreign country)	12 CITIZ	EN OF WHAT COUNTRY
Ret. Mair	t. Man C	ont. Can Co	. Germany	7	υ.	S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
Jacob	Hellmann		Margare	et Hartun	g	
15. WAS DECEASED EN	/ER IN J. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT		Address	#2
no	for Jan. State was an agree or source	14-03 4402	Margaret He	ellmann	1223 Ste	vens Ave.
18. CAUSE OF D	EATH Enter only one cause per lin	ge for (a), (b), and (c),}	- 1	17		INTERVAL BETWEEN
PART 1 DI	EATH WAS CAUSED BY	esikeal 1	Blesiose	lesouix		ONSET AND DEATH
341	DUE TO	1 1 .			7.0	
Canditions, if	any which \	Tenerales	ed aster	Anelisa	rei	Mudet.
gave rise to	immediate Due TO	0	9	- CON		
cause (a), statin lying cause las	3 me nuder-	Geneliti				
	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE CONDIT	ON GIVEN IN PART	I(a) 19 WAS AUTOPSY
ATIO						PERFORMED?
200 ACCIDENT V	VAS UNDERLYING [] 20b. DESC	CRIRE HOW INTURY OCCURR	ED (Enter nature of injury in I	Port Lor Part II of item	181	1000
□ OR CONTRIBUTING	IG CAUSE OF DEATH	PROCESSORS SECOND	es femor marere ar rider's in		,	
T 20c. TIME OF INJU	<u> </u>	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	20f /City or town!	10.	ounty) (Stote
Hour a m	While	Not while for	octory, street, affice bldg., etc		(20	(5.0.0
₹ p m	. 19 at war	k at work	121.0) (1.		
21 I certify th	not (1) (this hospital) attend	n === /	11 12	20. 10 ALINE		2, that (I) (we) los
	ased olive on Julie 1	41900, and that	death occurred of 5	M, from the cau	ses and on the	
220. SIGNATURE	10 0	1	ATTENDING M	ED STAFF		225 DATE > SIGNED
100	adly Day	<i>kaselly</i>	MD PHYS DI	ED. STAFF		6-72-
22c PHYSICIAN'S NAME (Type)			22d. ADDRESS		A	ll om
	A. Bradley Da	lugharthy	1264	Rrancis	Avenue 7	#27
230 BURIAL, CREMAT		23c NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	, lawn, ar caunty)	(State)
Burial	⁷⁾ 6/25/60	Loudon Par	rk Cemetery	Baltimo	re. Mary	land
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			b REGISTRAR'S SIG	
Howard H	. Hubbard 410	7 Wilkens A	DATEALL	N 2 4 '60	arthur 8:	Kraus

pofter death. Page 4 the funeral director, should be filed with and TO HOSPITATOR ATTENDING PHYTICIAN: The law requires that the death certificate be exerved within 24 hardy be.

d by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove calcon pages. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any evert, within 72 hours after death.

VR A15 (4) 15M 9/59



HEALTH DEPT.

PLACE OF DEATH

o. COUNTY

3. NAME OF

DECEASED

(Type or priot)

Female

13. FATHER'S NAME

NO or unknown]

couse last.

oge

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Baltimore b COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (It outside corporate him to, write BURAL c. CITY OR TOWN (If outside corporate I mits, write RURAL and a ve nearest town) Lodge Forest d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? North Point Road. Auto Accdnt. 2407 Woodridge YES NOTE Middle KAY FRANCES HTLSEI. DEATH June 60 6 COLOR OF RACE 7. MARRIED NEVER MARRIEN B DATE OF BIRTH 9. AGE (In years IFUNDER TYPART IF UNDER 24 HSS 22 Hours WIDOWED | White DIVORCED [] 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working [i.e. even if refired) Western Elec. Pennsylvania 12 CITIZEN OF WHAT COUNTRY? Western Elec. Pennsylvania U.S.A. 14 MOTHER'S MAIDEN NAME Harold E. Helsel Louise Rightnour 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Mr. Harold E. Helsel 2407 Woodridge 18 CAUSE OF DEATH [Enter only one couse per light for (a), (b), and (c) INTERVAL EXTWEEN RACTURE C.F SKULL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) gove rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) 12 rondside AR UNS STRUCK 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 20f scity of lown) Month, Day, Year 19 60 While Not while 1 toctory, street, office hidg., etc.) (State) 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my

200. EXTERNAL CAUSE WAS PRIMARY 12 OF CONTRIBUTING 1

apinion deoth resulted from: Notural couses , Accident D. Suicide , Homicide , Undetermined manner

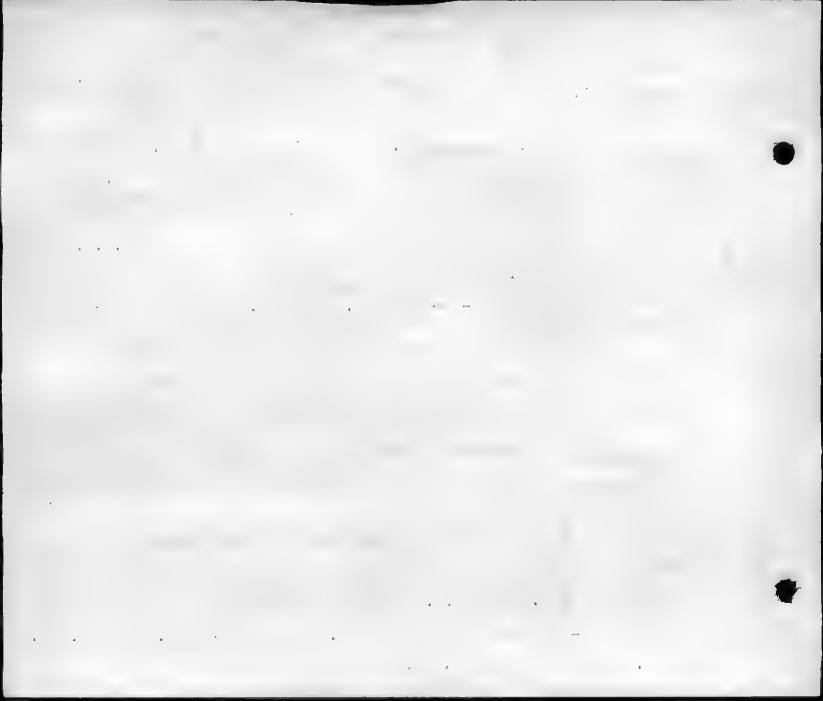
DATE SIGNED

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Melvin B. Davis M.D. NAME (Type)

DEPUTY MEDICAL EXAMINER

270 BURIAL CREMATION, 225 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) Langdondale Cem. 6-26-1960 Langdondale, Bedfo ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b REGISTRAILS SIGNATURE JOHN J. DUDA 7922 Wise Ave. 22. Md.

arthur S. Kraus



TO FUNER

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

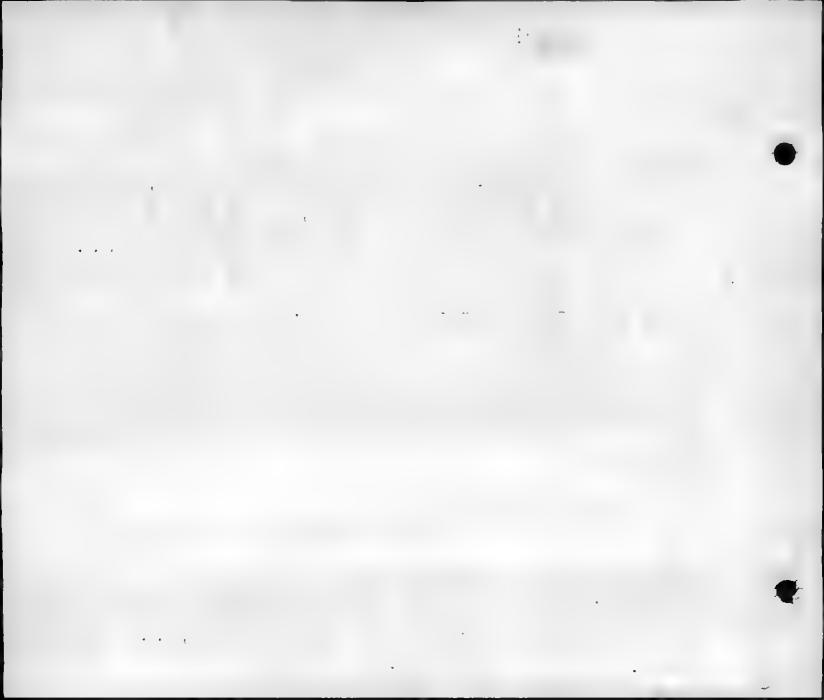
8	0	66	î	5
Reg.	Dist.	No.		

3595	CERTIFICATE	OF	DEAT

1.	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN	O	2. USUAL RESIDENCE (Who s. STATE Maryland	ere deceased	lived If institute b. COUNTY	on. Residence	before admis	sion)
	b. CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (IF o	ulside corpor	ote limits, write R	URAL and giv		
<u> </u>	Relay	earest town,	18 mos.		Baltimore (City			3 Nai	, /
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give stre	et address)		d STREET ADDRESS					SIDENCE A FARM?
	Relay 1	Hill Hospital			208 W. Frank	din S	treet			NO 🔼
3	NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mon	th	Day	Yeor
	(Type or print)	Carolyn	Hasting	S	Henshaw	DEATH	June	6		19 60
5.	female	white	RRIED NEVER MARRIED DIVORCED		Aug. 11,1889		AGE (In years last birthdoy) yrs	1	YEAR IF UND	Min.
10	during most of worl	ON (Give kind of work done 10 king life, even if retired)		IDUS1					EN OF WHA	T COUNTRY?
13	school tea	acher	none		Udupiddi,	V	.011	U	.S.A.	
13.		ard C. Hasti	^		Minnie					
15		R IN U. S. ARMED FORCES?		7 IN	FILITI 10	Trua	Add	D-1	E 000	10
		(If yes, give war or dates of service)	B. SOCIAL SECORITI NO.		chard F. Cle	veland-		~~~	Balti	more
	1	ATH [Enter only one couse per		-					INTERVAL B	ETWEEN
H	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Pneumonia	bo	th lungs				1	aay
	7.7	DUE TO	Cerebral vascu	. 7 .	m socidant (t heamh	onial mi	4 h	Morr	12,196
	Conditions, if a	nje witten j (b)	Gerebral Vascu	ITA	rr accrdent /	PHILOHIDA	0212) MT	611	ray.	12,170
П	cotse (a), stating		ht themiplegia	1						
Z	lying couse tost.	, (c)			NOT BELLETO TO THE TENT	A DIFF ACC	CONTRIBUTION		110 1246	AL TORCY
P		HER SIGNIFICANT CONDITION					tonomon Giv	EN IN PAKT	PERF	DRMED?
15		l artericerlos	ESCRIBE HOW INJURY OCCU				9		YES [NO [3
L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO COULD STORY TO COULD THE COUL	ESCRIBE HOW INJURY OCCU	KNED		7011 7 01 1 017	n on nem ro.j			
WEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Whi			CE OF INJURY (Home, form lory, street, office bldg., etc.		or fown)	(Co	unty)	(State)
-		nat I attended the dece	ased from Dec.	3	19.58 to Ji	une 6.	1960	that I la	et cour the	doconcod
П		une 6,1960 19			occurred at 11:30			and on the	date stat	ad abava
П	01110 0112222	SOURCE SEGMENT SEE THE SEE	2 4-	9111			eet, city or town,			ATE SIGNED
	ACTUAL SIGNATURE	Leura D.	- Jemby	N	A.D				6-6-6	0
	PHYSICIAN'S NAME (Type)	Lewis P. Gundr	y , M.D.		Relay , 2	7, Md.	nay ann gan ylyr, day dar dyn dan san ailw ear gyl			
	PURIAL CREMATIC REMOVAL (Specify)	0N, 226. DATE THEREOF	Green Mot		crematory t Crematory		ON (City, town, o	or county)	(Sto	te)
	FUNERAL DIRECTOR	Jonkins & S	ADDRESS	+-		D BY REGISTR		STRAR'S SIGN	_	
	_	4905 YOF.	R Road; Bal	W	., Md . DATE JU	M 2	- C	Thurs S. 1	Leated	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Bist. No. HEALTH DEPT. PLACE OF DEATH 7. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission). COUNTY o. STATE Files. Health, **b** COUNTY Baltimore MARYLAND Baltimore b. CITY OR TOWN I t outside corporate firm s, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give recrest lown? 40 Areo Acres #20 Areo Acres d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RE 10 NCF d STREET ADDRESS 24 Compass Road YES NO Propeller Drive NAME OF Middle 4 DATE Month Year DECEASED (Type or print) DEATH FLORENCE Aa HINE'S June 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE In yours FUNDER TYEAR IF UNDER 24 HR loui birthday) Months Dovs Hours WIDOWED [Female. White DIVORCED [100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR NOUSTRY 11 B RYHFLACE (State as fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Housewife Home North Caroline U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mayes Lidia Reecer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (If yes, give wer or dates of service) Ernest R. Hines 18. CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stoting the underlying couse lost. D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(91) 19. WAS AUTOPSY PERFORMED? NO F 200. EXTERNAL CAUSE WAS FRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of ilem 18) 20d, INJURY OCCURRED 20s PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work in in. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 14. Inquiry 12. apinion death resulted fram: Natural causes 1, Accident 1, Suicide 1, Hamicide 1, Undetermined manner DINE DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Shouls FUNERAIL **EXAMINER'S** Dr. Melvin Davis DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BUR AL CREMATION 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Removal Stephens Funeral Home Lumberton, N.C. ADDRESS 23-FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Eastern Ave. DATE &UN 13 of 5M 2.57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

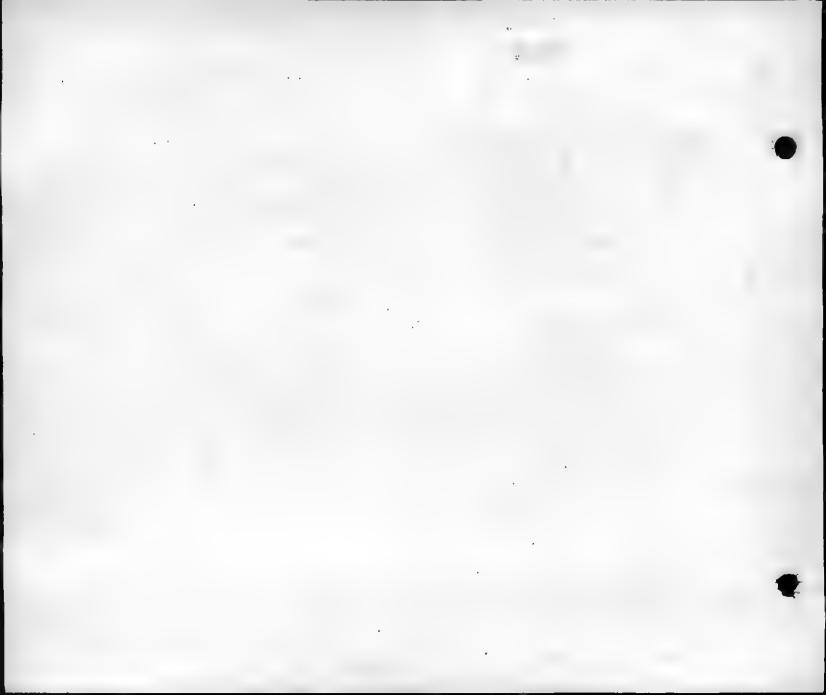
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	CCEO	CERTIFICA	IE OF DEATH			
	PLACE OF DEATH		2 USUAL RESIDENCE (Who	ere deceased lived	If institution: Residence	e before admission)
	BALTIMORE	MARYLAND	O. STATE MARYL	b.	COUNTY BANK	THORE !
		NGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limit	ts, write RURAL and g	ive nearest town)
		.IFE	BALL	MORE		-11.4
Ê	d. NAME OF HOSPITAL (If not in hospital, give street oddres OR INSTITUTION I	RECOSTER AVE	d STREET ADDRESS	RAVEN	BLUD.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) First LSIE	Middle	- GCH	4. DATE OF DEATH	JULE	23 1960
5	6 COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NEVER MARRIED K	EB 11, 186	AGE IN B	A STATE OF THE PARTY OF THE PAR	YEAR IF UNDER 24 HRS. Doys Hours Min.
10c	USJAL OCCUPATION (Give kind of work done 10b KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	1/1000	or foreign country)	12 CITIZ	S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
L	Louis Hoch		ANNI	E GET	RHOLD	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIA 17 (If yes, give war or dofes of service) 21 5	21 (122)	RMAN SERIASE	D 5313	CIYNH CA	KAVE ZINE
	18 CAUSE OF DEATH [Enter only one couse per line for	(a), (b) and (c),}				INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	Cinnon	H 1 3/1/2	7357		ONSET AND DEATH
	DUE TO	CC 17 () []	The state of the s			· /
	/ 0 /		V			
	Conditions, if ony, which (b)					
	couse (o), storing the under-					
7	lying couse lost.) (c)				***************************************	The live to reserve
CATION	PART II OTHER SIGNIFICANT CONDIT ONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE COND	TION GIVEN IN PARI	PERFORMED?
S	hens					YES NO R
CERTIF	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	Enter noture of injury in f	Port or Port II of ite	èm 18)	
S	20c TIME OF NJURY Month, Day, Year 20d INJURY		CE OF INJURY (Home form) (C	ounty) (State)
WEDI		Not while	tory, street, office bldg , etc	4		
-			YH 14/11 3	17. 6240	473/-	^ N
	21 I certify that (I) (this haspitel) attended the	10.	1 100	7.10.4		that (1) (wa) lost
	saw the deceased obve on 220 S GNATURE	1965 ond that d	eath occurred at P.	M, from the co	ouses ond on the	dote stated obove.
	1 t. J. (1 x 2 1 4	A 1. 1	ATTENDING ME	ED STAF	f Ph.	SIGNED
	PHYSICIAN'S NAME (Type) DI A S CH A	トナナハア	22d ADDRESS	YURY	PCADA	acteurs/
230	BURIAL, CREMATION, 23b DATE THEREOF 23c	NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (Cr	ily, lown, or county)	(Stote)
	DEMOVAL (Specify)	PREENMOU	UT CEMETERY	BALTI	MORE. M	ARYLAND
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'I	D BY REGISTRAR	25b. REGISTRAR'S S G	
F	ENRY WIN FUKINSA DASCO 4	905 YURICK	OAD DATE!UN	2 7 '60	CL-26mg S. 1	Trans.

ofter death. Page 4 physical and campletely fred embre carbon papers. Pages 1 or with 72 hours after death. TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be read by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fired page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon pages 1 the State Board of Health priar to burial, cremation, or removal, and in any ever with 17 phours after death.

VR A15 (4) 15M 9/59



should be filed with the funeral director,

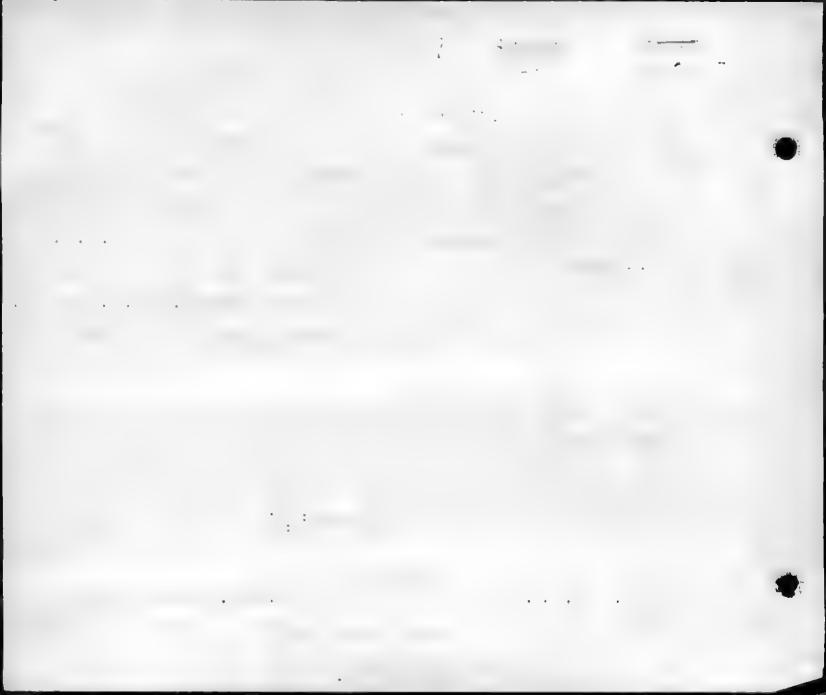
after death. Page 4

TO HOSPITATE RETENDENCE FITTINGSAN: The law requires that the death certificate be emeruted within 24 hmoy be read by the hospital in otherding invision.

TO FUNERAL DIRECTOR: After this ment ficate has been signed by the ottending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remark-carbon papers. Pages 1 after State Board of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death.

VR A1S (4) 1SM 9/59

	223	Ω	CERTIFIC	ÇA I	E OF DEATE	1				
1. PLACE OF DEATH a. COUNTY Baltimore		0	MARYLA	- 11	2. USUAL RESIDENCE (W. STATE Mary Land	/here deceased	lived If institution b. COUNTY	in. Residence l	befare admissi	an)
b CITY OR TOWN RURAL and give	(if outs de corporate limits	, write	c LENGTH OF STAY IN	1b	c CITY OR TOWN (If	aulside carpor	ate limits, write RL	JRAL and give	nearest town)
Fort Howa			6 Hr.40 M.		Baltimore	1	25	(13)		
d NAME OF HOSP OR INSTITUTION	ITAL (finat in hospital, ge	re street o	address)		d STREET ADDRESS	- 1	7		e IS RESI ON A	DENCE FARM?
	Administrat:	lon E	[ospital		1725 North	Broadwa	ay Street	C		K ON
3 NAME OF DECEASED (Type or print)	RODERICK		Middle		HOLMES	4. DATE OF DEATH	June	h	- /	9 60
S. SEX	6 COLOR OR RACE	7 MARR	IED NEVER MARRIED		DATE OF BIRTH		9 AGE (n years last birthday)		EAR IF UNDE	
Male	Colored	W DOWE	D DIVORCED [3 L	May 9, 1894		66 yrs	Manths Da	iys Haurs	Min.
10a USJAL OCCUPAT	ION (Give kind of work di trking life, even if retired)	ane 10b	KIND OF BUSINESS OR I	NDJST	RY 11. BIRTHPLACE (State	e or fareign co	untry)	12 CITIZEN	OF WHAT C	DUNTRY?
Laborer	, and the control of	Co	nstruction	Worl	Virginia			U	. S. A	. 0:
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Roderick	Holmes				Winnie Epp	5				
15 WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	17 INF	ORMANT		Addr	ess ess		
Yes	WW I	2]	5-05-9868	Cl:	inical Recor	ds, VAH	,Balto.18	Md.Ft	.Howar	d Div
Canditions, if gave rise to cause (a), stating lying cause last Parr II O' ANEURYS 20a. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF	immediate g the under- ther significant cond SM. AORTA AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	ITIONS C	CRIBE HOW INJURY OCC	H BUT N	(Enter nature of injury in	MINAL DISEASE n Part I ar Part	CONDITION GIV	EN IN PART 1	YES	AUTOPSY RMED? NO X
ZOC TIME OF INJ	19	While of work	Not while at work	facto	CE OF INJURY (Hame, for iry, street, affice bldg., el	lc.)		(Cau		(State)
	eat (V (this hospital)	atlend ne 1(oth accurred of	+0 .	une 16, the causes an			abave
saw the deced	3303 3110 311 4 ===								22b	DATE
220. SIGNATURE				м	D PHYS	MED RECTOR	STAFF PHYS 🛣			6/28
22c PHYSICIAN'S NAME (Type)		<i></i>	8	М	D PHYS D E	O RECTOR .	PHYS X			6/28/
22c PHYSICIAN'S NAME (Type)	COPE, M.D.	<i></i>	•		D PHYS D D 22d. ADDRESS VAH, BLATK	D. 18 MD	FIT HOWAL		ISION =	6/28,
22c PHYSICIAN'S NAME (Type)	COPE, M.D. ON. 236 DATE THEREON 6-21-60		23c NAME OF CEMETE Baltimore ADDRESS	ERY OR	22d. ADDRESS VAH, BLATY CREMATORY tional Cemes	23d LOCAT	FT HOWAL ON (City fown, of Baltimo	ir cauniy]	(State	6/28/
22c PHYSICIAN'S NAME (Type) CLYDE B. 23a BUR AI, CREMATI REMOVAL (Specify Burial) 24 FUNERAL DIRECTO	COPE, M.D. ON. 236 DATE THEREON 6-21-60		Baltimore ADDRESS	RY OR	22d. ADDRESS VAH, BLATY CREMATORY tional Ceme:	23d LOCAT	FT HOWAL ON (C ty town, c Baltimo	r caunty)	(State	_



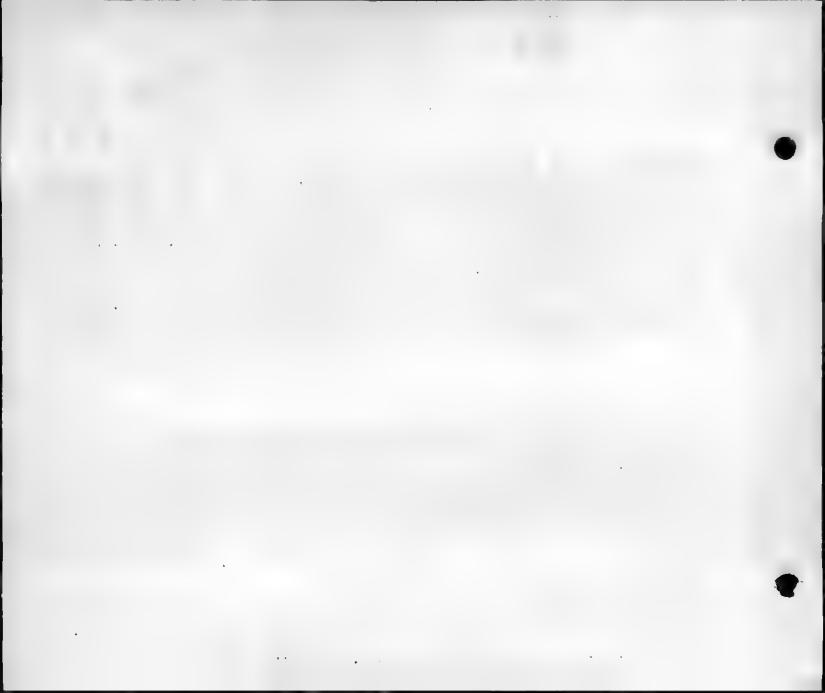
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

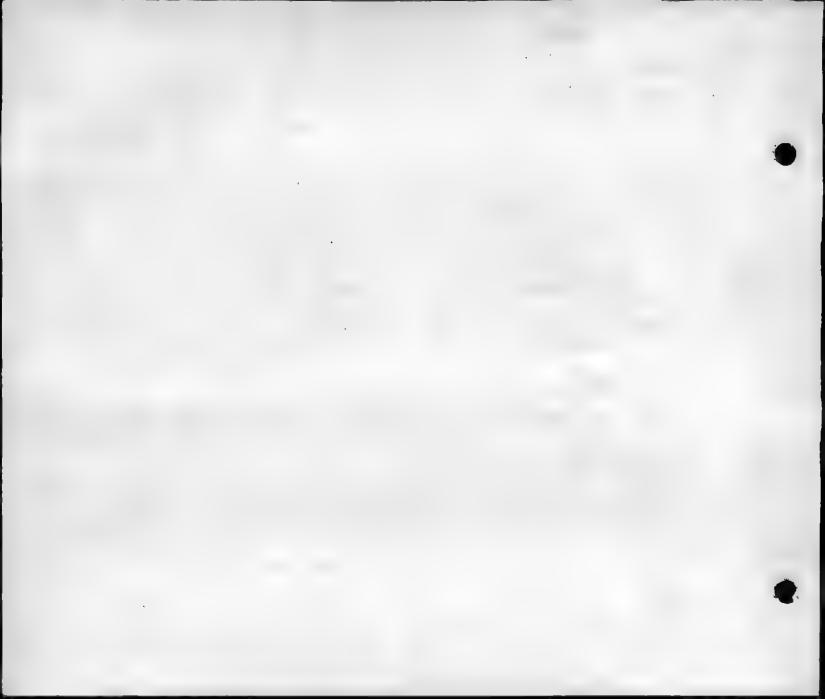
CERTIFICATE OF DEATH

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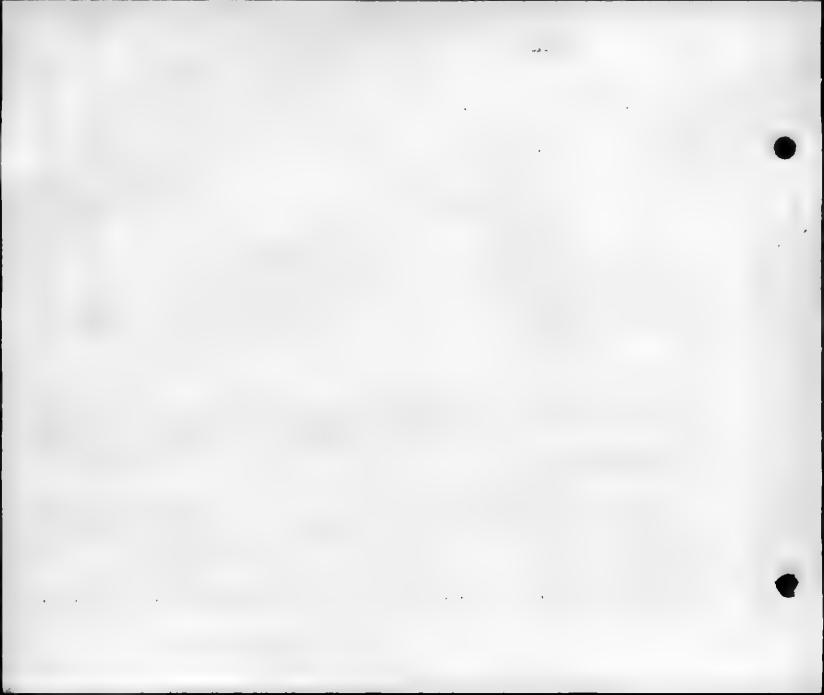
	666	1	CERT	FICA	ATE OF D	DEATH			Reg. Dist.	No.	
1. PLACE OF DEATH D. COUNTY	Paltimore		MARI	YLAND	a. STATE	DENCE (Who	ere deceased	lived If institute b. COUNTY		before a	
6 CITY OR TOWN (IF RURAL and give net		is, write	c. LENGTH OF STAY		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TOWN (IF or	utside carpari	ate limits, write R			
d NAME OF HOSPITA OR INSTITUTION	at home	ive street	oddress)		d. STREET	DDRESS	n .v.,	77-1+1:-	.r. 7	1	S RESIDENCE ON A FAPA? ES NO
3 NAME OF DECEASED (Type or print)	Fii 377	st - 77, - 10	Middle IRE		ECTG S		4. DATE OF DEATH	Mon		Day	Yeor 19
5. SEX	6. COLOR OR RACE	WIDOWI		:D []		t 1886		AGE (In yours lost birthday)			UNDER 24 HRS
none	N (Give kind of work ng life, even if retired	dane 10b.	none	OR INDU:	Sax	n Fran	cisco	calif.		S,	VHAT COUNTRY
	uld not ac						t asos				
no	f yes, give war ar dates of s	PLANCE)	3-34-2953	To	M Lee H	ong (s	on) 31	Addi 13 Ones		. (7)
PART IL DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO y, which mediate) (ne for (o), (b), ond (c). Carcinoma (ladder					ONSET	AL BETWEEN AND DEATH Cars
ICATI		DITIONS	cetes Melli	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART I	P	VAS AUTOPSY ERFORMED? S NO 5
	UNDERLYING [] CAUSE OF DEATH AEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE). (Enler noture a	if injury in Pi	art I or Part	I of item 18)			
Zoc. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yes	While	Not while	20e. PL/ foc	ACE OF INJURY (Home, farm, e bldg., etc.)	20f {City (or town)	{Co	unty)	(Slote)
olive on 6-1	122- 11-1-60	(2)	ed fram 8-27-60, and that		occurred of	3-A	_M, from DDRESS (Sin	the causes of th	ind on the	date :	
220 BURIAL, CREMATION	Chi-Chao (M. D.	ETERY O	R CREMATORY		22d LOCATIO	ON (City, tawn, c	or county)		(State)
REMOVAL (Specify)	T	77-25	h	rrli				dlagn,	- 11		7.
	Towen Ce.,	177-	"-l'orth-P	.T.	1.	DATE IN			2 8 96		



MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
FOR STATE 6662MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH 0682:
HEALTH DEPT.	Reg. Dist. No.
1. PLACE OF DEATH	ISUAL RESIDENCE (Where deceased lived. If institution Residence before oursiss on) STATE Output Output
b. CITY OR TOWN I'll out de corporate houts, write RURAL C LENGTH OF STAY IN 16 c.	. C TY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)
ESSEX	kssex
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	STREET ADDRESS O IS RES DENYS ON A FARM? YES TO DELYS YES TO DELYS YES TO DELYS ON A FARM?
3. NAME OF Fint Middle	Lost 4. DATE Month Day Year
DECEASED (Type or print) WALTER LOUIS HO	OPER DEATH JUNE 25 1960
生意 6年 m	OF BIRTH 9 AGE I'M years IF UNDER 14EAR IF UNDER 24 HRS
WIDOWED DIVORCED 100. LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11.	11/11/4 C/4 T010 2 C 10
during most of working life, even if retired) BOWEN XKING-	BALTIMORE MAD 11.5.A
13. FATHER'S NAME	AOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 177, INFORM	UNKNOWN
(Year and a summount) (If year, gives were an deservoir of service) 577-13-5319 NIRG	CINIA NIFARY HADDEN WIFE ABIVE
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]	INITIA PARTINO WOOLER WAS INDICATED AND INTERVAL BEINGIN
PART I. DEATH WAS CAUSED BY: MO WOUN	vcl (22 Cae.) The ONST AND DEATH
DUE TO DUE TO	Int. Brein
Conditions, if dry, which gove rise to impediate course	uic 10 cm
course lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO Divine of injury, in Pay or Port Ji of item 19/1
CAUSE OF DEATH.	Cal. Bullt then Chin + Hear
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF I	198 JURY (Home, form, 201, (City or lown) (Sounty) (State)
21. 1 certify that I look charge of the remains described obove, he	eld on Autopsy , Inspection III Inquiry IV, and in my
	Suicide . Homicide . Undetermined manner
ACTUAL MACTUAL	DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S NAME (Type) M.B. DAVIS M.D	DEPUTY MEDICAL EXAMINER D
270. BURIA. CREMATION, 276 DATE THEREOF TO NAME OF CEMETERY OR CREMA	ATORY 27d LOCATION (C.ly, lown, or county) (Store)
23 EUNERAL DIRECTOR'S HIGHARDURE ADDRESS	ONAL LINE START (MONDE, MD),
E. AISME (hables 6, Schumm ER Funcal House	DATEJUN 28'60 Corlin S. Krans



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1 2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
28 8	666 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.	
should by	1. PLACE OF DEATH 6. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission 6. STATE Maryland b. COUNTY)
× 2 3	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)	
ga AM)	Catonsville llyrlmth25dys Baltimore	
To To To	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDE ON A FA	
a lin	SPRING GROVE STATE HOS. ITAL 2500 E. Frankford Avenue ves N	
ny del meral yaur t egistrar	3. NAME OF DECEASED (Type or print) Elsie (ELSA) Huber 4. DATE Month Day Year OF DEATH June 6 19 6	50
و تو تو تو	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \$8. DATE OF BIRTH 9. AGE (In years lout birthday) Married Punder 1/Ear If UNDER 1/Ear	
# 5 # # # # # # # # # # # # # # # # # #	female white widowed Divorced April 19, 1906 54 vs. 1906	۵.
d ded w z w z	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COU	JNTRY?
and be	laborer Glenn L. Martin Co. Maryland U. S. A.	
3, 1, 2, 2, 3, 1, 2, 3, 1, 2, 3, 1, 2, 3, 1, 2, 3, 1,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
bog Sees	Otto Huber Hedwig Miller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
7 Je 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Yas, no, or unknown) (If yas, give wor or dates of service)	
# 15 mg in	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	=
Perm 18.	PART I. DEATH WAS CAUSED BY: Massive cerebral hemorrhage	
form form sit p	DUE TO	
in I with tran	Conditions, if ony, which) by Hypertensive cardiovascular disease	
Id b	gave rise to Immediate couse (a) stating the underlying DUE TO	
shav n pe n olo	couse lost. (c)	
3 3 3 E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	DPSY D?
in i		
d 'per aminer	200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D Lying on floor convulsing with a large lump on right side of	6-6-
Sparent Sparen	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or tawn) (County) (SI Hour o. m. 4 While Not white foctory, street, office bidg, etc.) 2 p. m. 6-6-609 of work of work to hos rital (Cators ville 28 Md.)	lote)
AINE the the the the the the the the the the		
riing F Me Page	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find	I that
Chie	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .	
DIC.	ACTUAL LOS TIMES LES CHIEF MEDICAL EXAMINER [] DATE SIGNI	€D
A .	SIGNATUREM.O.	
POVE BER	EXAMINER'S	
Ten the true of true of the true of the true of the true of true of the true of true o	220. BURIAL CREMATION, 225. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county). (State)	
5 3 2 5 p	BURIAL 6/9/60 BALTIMORE CEM. BALTO, NO.	
VS. A15ME(5)	23. FUNERAD DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
5M 9/55	Wartley Willer 2334 Jefferson St DATE JUN 9 '60 Circhen S. Kima	
	/ / / / /	



VS A15 (4) 15M 10/57

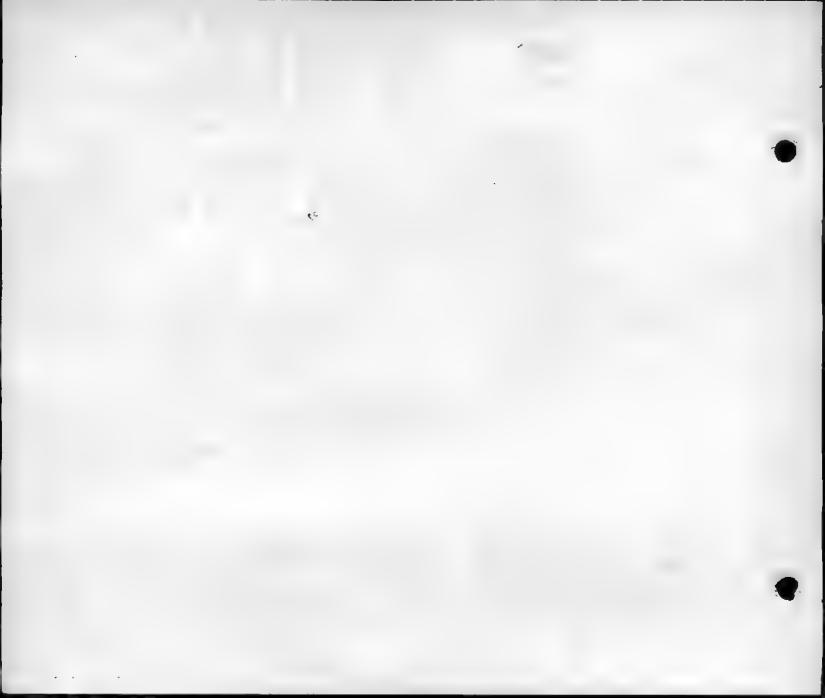
CERTIFICATE OF DEATH

06624

2222

Reg. Dist. No.

/	1. MACE OF DEATH COUNTY Baltimore MARY	2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE b. COUNTY Baltimore								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colgate	IN 1b	c CITY OR	- 1/	utside corpor	ote limits, write l			n)	
	or Institution 705 S. 50th St.	d STREET A		e IS RESIDENCE ON A FARM2, YES NO FA						
	3 NAME OF First Middle DECEASED (Type or print) MARGARET E. HUGHES	Las	st .	nth	Day	Year 19 60				
	5 SEX Female 6 COLOR OR RACE 7 MARRIED NEVER MARRI WIDOWED □ DIVORCE		Dec. 23			9. AGE (In years last birthday) 70rs		YEAR IF UND	ER 24 HRS Min	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) At home	OR INDUS	STRY 1 BIRTHPLACE (State or fareign country) 12 CIT					TIZEN OF WHAT COUNTRY		
	13. FATHER'S NAME Fred White		14. MOTHER'S	MAIDEN N	AME	Shillin	gs		•	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes. no. or personn) INF yes, give wor or dates of service)		FORMANT arles Hi	ughes '	705 S	. 50th S	t.			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) CERRORA DUE TO ARTERIO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	L -SC AR	LERO DIS	TIC SEA.	5 €	CARO.	10-	(o) 19. WAS	AYS.	
	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) CR CONTRIBUTING CAUSE OF DEATH URLE EITHER, NOTIFY MEDICAL EXAMINER)									
	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED While Nat while of work at wark	20e. PLA foci	CE OF INJURY (lary, street, office	Hame, form, a bldg., etc.)	20f. (City	or town)	(Cou	nly]	(Stole)	
	21 I certify that I attended the deceased from DUNE 15, 1955, to DUNE 25, 1966, that I last saw the deceased alive on DUNE 25, 1966, and that death accurred at 10:15 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S DOSE PH MICELI, M.D. BALTIMORE 2, MD = 2200 BLAULAL, CREMATION, 12th DATE THEREOF DORK Lavin Cemetery Or CREMATORY DUTLICE 221 I certify that I attended the deceased from DUNE 15, 1955, to DUNE 16, 1956, that I last saw the deceased alive of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased saw the deceased of DUNE 25, 1966, that I last saw the deceased saw that I last saw the deceased saw that I last saw the deceased of DUNE 25, 1966, that I last saw the deceased saw that I last saw that I last saw the deceased saw that I last saw that I last saw the deceased saw that I last saw the deceased saw that I last saw that I last saw the deceased saw that I last saw the deceased saw that I last saw that I last saw that I last saw the deceased saw that I last saw the deceased saw that I last saw									
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ullrich Funeral Home Dundalk, Md.			240. REC'D	BY REGISTR	AR 246 REGI	STRAR'S SIGNI			



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6666

CERTIFICATE OF DEATH

06625

1.	PLACE OF DEATH COLNIY BALLIMOTE MARYLAND					2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE MARYLAND COUNTY						
1 /	b CiTY OR TOWN (If autside carporate limits, write RURAL and give negres) lawn)			c. LENGTH OF STAY	JN 16	c City OR TOWN (If outside corporate limits, write RURAL a					ve nearest town)	
1	Fort Howard / Hodally					Baltimore V' / 4						
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION			d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?			
	Veterans Ad		1823 N. Linden Avenue (17) YES NO D									
3.	NAME OF DECEASED	Fi	st	Middle	•	L	ost	4. DATE OF	M	anth	Day Year	
	(Type or print)	ALBER!	C	C	•	JACKS	on	DEATH	Jun	е	16 19 60	
S	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	FD 🔲	B DATE OF BIE	RTH		9 AGE (In year		YEAR F UNDER 24 HRS Doys Hours Min.	
	Male	Negro	WOON	ED X DIVORCE	io 🛄 📗	De cembe	r 23,1	910	49 yr	. reconstruction P	Joys Hours Min.	
10	 JSUAL OCCUPATIO during most of worki 	N (Give kind of work ng life, even if retired	done 10b	KIND OF BUSINESS C	OR INDUS	STRY 11. BIRTH	PLACE (Slote	or foreign co	puntry)	12. CIT:2	EN OF WHAT COUNTRY	
	hauffeur			Pickle Com	pany	Ann	apolis	, Mary	land	U.	S. A.	
13	FATHER'S NAME					14. MOTHER	'S MAIDEN N	IAME				
J	oseph Jacks	son				Eliza	beth D	ay				
	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17 IN	FORMANT			Ad	ddress		
	es	WW II		214-05-1320	Cl	inical	Record	s,VAH	Balto.1	8,Md.,I	Ft Howard D:	
	18. CAUSE OF DEAT	TH Enter only one co	use per l	ine far (a), (b), and (c).	-1						INTERVAL BETWEEN	
	PART I, DEAT	H WAS CAUSED BY	BB	ONCHOGENIC	CAR	CINOMA.	ामकाम 1	LIMC	שמ מיחדש	MOTTE	LINKNOWN	
	1115	DEDENIS		TASTASES	5/43435	NAMOURIA.		HOME	Clairie III all'a	OLV UP	DIMARCHI	
	Conditions, if on	A Junkish		PHYSEMA, R	TOUR	TIMO					INIVMOLDI	
	gave rise to im	mediote (r	•							UNKNOWN	
	couse (a), stating to	he under-	- An	TERIOSCLER	osis	, CENER	ALIZED				UNKNOWN	
CATION	7 (6)											
CERTIFI												
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m. While Not while of work at work at work at work at work at work.											
	21 certify that ((this haspital) attended the deceased from January 22, 160 to June 16 , 1960, that (1) (we) last											
2	saw the deceased alive an June 16 19 60, and that death accurred at A. M. from the causes and an the date stated above											
7	226 SIGNATURE 226 DATE											
	1_	L . 15!	1)	C 8 1		M.D. PHYS	NG ME	RECTOR	STAFF PHYS.		6/16/6	
	22c. PHYSICIAN'S		-	- Section of		22d. ADD					97 201 0	
	CLYDE E	COPE, M.	.D.			VAH,	BALTIMO	ORE_18	, MD. F	T. HOWA	RD-DIVISION	
23	BURIAL CREMATION	236 DATE THERE)F	23c NAME OF CEM	FTERY O				T ON (City, town		(State)	
	Burial Specify)	6/201	60	Baltimore	e Na	tional (emeter	y Ba	ltimore		aryland	
24	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	1	250 REC'1	D BY REGIST	TRAR 256 RE	GISTRAR'S SIG		
1	Marglone 31	neinfer	1808	1. Alma	e sti	Pat	DATE	JN 22'	60 (Irthun S.	Kraus	
	1/	1 7			/	1 1/1	A.C.					



MARYLAND STATE DEPARTMENT OF HEALTH

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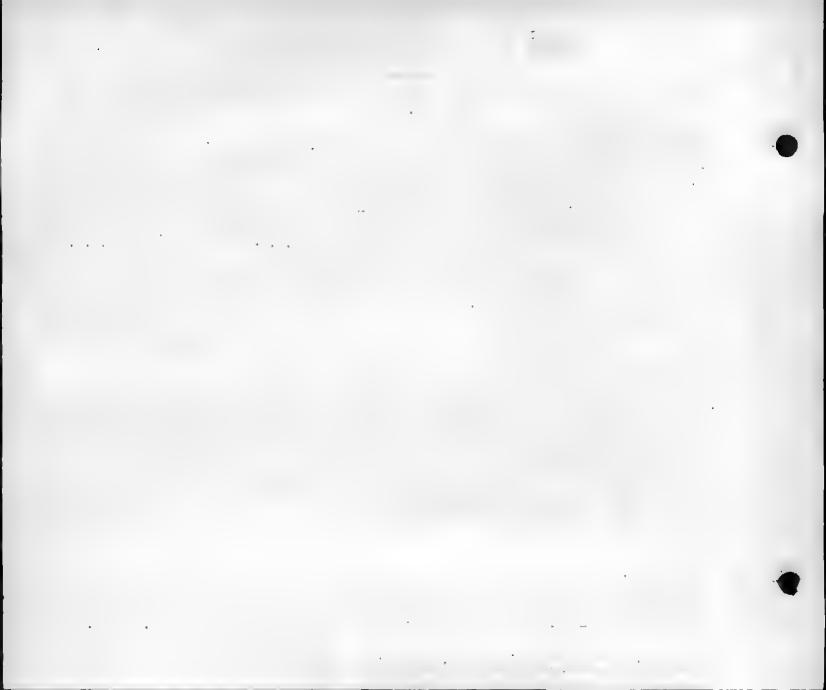
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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY **b** COUNTY MARYLAND Raltimore Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) yrs. Saltimore_City Catorsville d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUT ON ON A FARM? 2525 N. Accomas Street Spring Grove State Hospital YES NO T Middle 4. DATE DECEASED (Type or print) Sarah DEATH 10 60 James June 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED X DIVORCED [2-22-09 Female White 100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. . California unknown U.S.A. unknoun 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Rosanthal Jennie Janowitz IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, gave war or dates of service) No None None Records: Spring Grove State Hospital 18. CAUSE OF DEATH [Enter only one couse per_line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS PERFORMED? John Buren by a love to YES NO K 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Nat while of work at work p. m. 21. I certify that I attended the deceased from Nav. 25 ..., 19.60, ta June 11 ..., 19.60, that I last saw the deceased 1960____, and that death accurred at 2:50_PM, from the causes and an the date stated above. NAME (Type) 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 6-14-1960 Oak Lawn Eastern Av 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE JOHN J. DUDA 7922 Wise Ave. 22. Md. arthur S. Thous



MAKTLANU	SIAIF	DEPAKIMEN	I OF HEALIH
DIVISION OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIMORE 1, MARYLAND

-	SIMILATION	***************************************	~~~			
	CEI	RTIFIC	ATE	OF	DE	ATH

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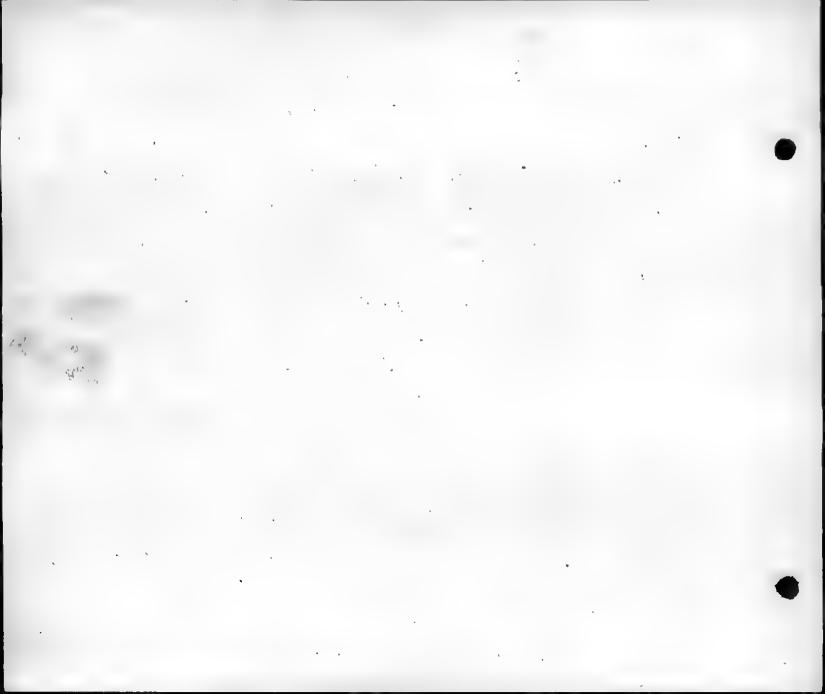
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1. PLACE OF DEATH Baftimore			MARYLA		usual residence (Where dece	eased lived If n b. CO		ince before ad	mission)
	if outs de carporate limi	ts, write	c LENGTH OF STAY IN	√ 1b	c. C TY OR TOWN (I	If autside c	orporate limits, w	rite RURAL and	give nearest	fown)
Fort Howard 22 De					Baltimore			4	DILAY	1.1
d NAME OF HOSPIT	FAL (If not in haspital, g	ive street	address)		d. STREET ADDRESS				e. IS	RES DENCE
Ve ce rans	lministrati	on Ho	ospital		1039 Rutla	and S	treet	(5)		S NO Q
3 NAME OF DECEASED	Fir	șî .	Middle		Last	4. DA	TE	Month	Day	Year
(Type or print)	JOHN		~ ~ ~	J	ATER	DEA	ATH Jun	2	7	1960_
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B E	ATE OF BIRTH		9. AGE (In	yeors IF UNDE		JNDER 24 HRS
Male	Colored	WIDOWI	ED DIVORCED	□ Se ₁	tember 19	,1892	67	yrs Manths	Days Ha	ours Min.
10a USUAL OCCUPATIO	ON (Give kind of work of	lane 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sec	ate ar fareig	gn country)	12.CI1	TIZEN OF WH	AT COUNTRY?
Laborer war	king lire, even ir retired)	Co	onstruction		Farmville	e. Vi	rginia	II.	S. A.	
13 FATHER'S NAME				1	4. MOTHER'S MAIDEN		Berne	100	De ALP	
Emanuel Jat	ter				Ada Wylie	9				
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CE5? 16	SOCIAL SECURITY NO.	17 INFO	RMANT			Address		
(Yas. no. or unknown) Yes	WW I	livice)		Cli	Records,	VAH "Be	alto.18.	Md. For	t. Howa	rd Div.
18 CAUSE OF DEA	ATH (Enter only one co	use per liu	ne far (a), (b), and (c).	1				124 - 12 - 02		
	TH WAS CAUSED BY.	SEE	PTECEMIA							AND DEATH
* 4.	IMMEDIATE CAUSE (a)									ox.10Dy
. "	CANCERNO TERM FOOD									
Conditions if anyt which) GANGRENE, LEFT FOOT								Unkn	lown	
	gave rise to immediate DUE TO									
lying cause lost	TATOMER AND TOTAL TOTAL CONTROL OF THE CONTROL OF T									
Openta of	HER SIGNIF CANT CON O Amputati	on 5/	23/60 HYPE	RTEN	SION; OBES	TTY.	EASE CONDIT O	ZED ART	ERIO YE	VAS ALTOPSY ERFORMED? S NO K
OR CONTRIBUTING	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED (Enter nature of injury	in Part 1 ar	Port af item	87	'	
3 20c TIME OF INJUR	Y Month, Day, Yes	r 20d. II	NJURY OCCURRED 2	0e PLACE	OF INJURY (Home, fo	orm, 20f	(City or town)		(Caunty)	(State)
20c TIME OF INJUR	19	While of war		factor	r, street, affice bldg.,	efc.)				
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			ded the deceosed for			0 10/1	o June			🗱 (we) lost
	sed olive on Jul	ie (190U., and t	hat deo	th accurred at_A	1_1M, fr	om the cause	es and on th	ie dote sta	ited obove.
220 SIGNATURE	1. 13	(- 02		ATTENDING	MED	STAFF	3		6/8/60
22c. PHYSICIAN'S	1		2	M.D	PHYS. 22d. ADDRESS	DIRECTOR	PHYS [X	·	9/0/00
NAMELYDE	B. COPE, I	1.D.			VAH, BALTO	0.18,N	D.,FORT	HOWARD	DIVIS	ION
23a BUR AL, CREMATIC	N 235 DATE THEREC		23c NAME OF CEMET	ERY OR C			CATION (City, I			(Stote)
Burial (Specify)	6-10-00)	Bartin or	a Na	tional Cen	n Re	Ltimore		Maren -	
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		Market Street, Street, or other Persons and Publishers.	EC'D BY RE		REGISTRAR'S S	MATY B	nd
Ho lland Fu	neral Home,	163	l Druid Hill	l Ave		JUN 1			S. France	2
		Bal	timore, Md.							

TO HOSPITATION R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. after death. Page 4 may be read to the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transity permit. Then please former cannot be appeared and 2 should be filled with the State Board of Health prior to burial, aremation, ar removal, and in any fivent, with 7 72 haurs after death.



1 50	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2	6670 CERTIFICATE OF DEATH () 6 5 2 () Reg. Dist. No.
meral director, d be filed with	1 PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
offer do	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ST. JOSEPH'S NURSING HOME 615 S. MONTFORD AVE. G. IS RESIDENCE ON A FARM? YES NOW
certificate be executed within 24 g physician and campletely filled in remaye carbon papers. Pages 1 or 72 haurs gifer death.	3. NAME OF DECEASED (Type or print) BFRTHAB, TESIDNOW SKA (SOBUL) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 11. MOTHER'S NAME 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INDUSTRY 11. BIRTHPLACE (STOLE or foreign country) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INDUSTRY 11. BIRTHPLACE (STOLE or foreign country) 16. COLOR OR RACE 7. MARRIED NEVER MARRIED
he low requires that the denth physician. has been signed by the attendin rial-transit permit. Then please mayal, and in any event within ?	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (b) DUE TO Lying couse lost. PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTY OF THE PROPERTY OF THE PERFORMED? YES NO PROPERTY OF THE PROPERTY OF THE PERFORMED? YES NO PROPERTY OF THE PROPERTY OF THE PERFORMED? YES NO PROPERTY OF THE PERFORMENCE OF THE PERFORMED?
d by the hospital or othending RAL DIRECTOR. After this cert ficate should be detached far use as the bur strar prior to burial, are empirer to remotion, ar rem	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED While Not while of work of other or work of other work. 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 21. I certify that i attended the deceased from 1960, and that death accurred at 32 JM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE ADDRESS (Street, city or town, state) Physician's NAME (Type)
AS ALSO HOSPI AS ALSO FUNEX OF FUNEX OF THE PROPERTY OF T	PREMOVAL (Specify) 220. BUNERAL DIRECTOR'S SIGNATURE ADDRÉSS PREMOVAL (Specify) 220. LOCATION (City, town, or county) (Stote) 221. LOCATION (City, town, or county) (Stote) 222. NAME OF CEMETERY OR CREMATORY 223. EVENT EMETERY BALTIMORE CT. MD. 233. EUNERAL DIRECTOR'S SIGNATURE ADDRÉSS AD



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN(If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Year 19 60 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days yrs. 12. CITIZEN OF WHAT COUNTRY? I+ARLOW Address Hospital Records, Mt. Wilson State Hospital INTERVAL BETWEEN ONSET AND DEATH 10 Wears

> WAS AUTOPSY PERFORMED?

> > YES NO [

(State)

(County)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.)

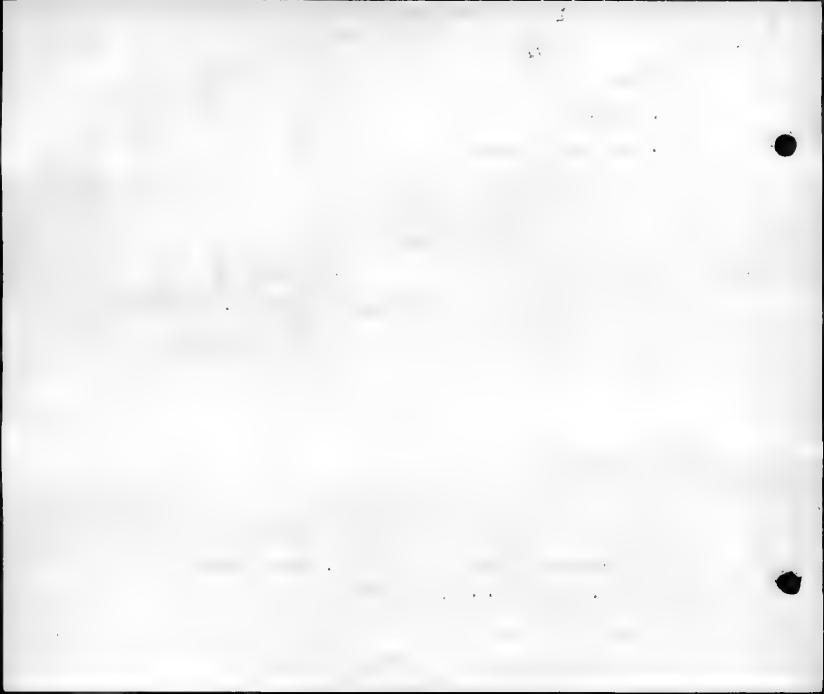
Gene 25 150 that I last saw the deceased and that death accurred at 30 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

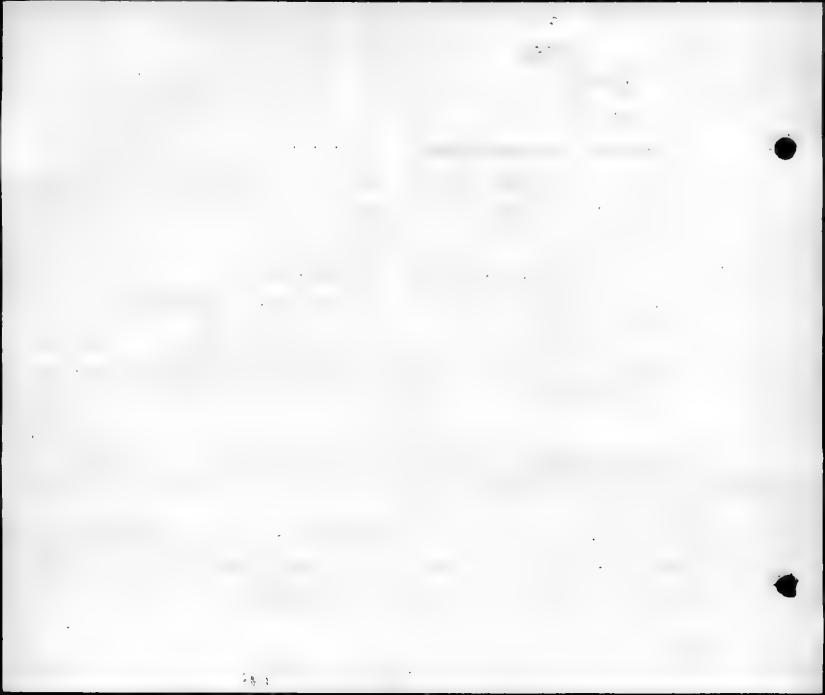
Mt. Wilson, Maryland

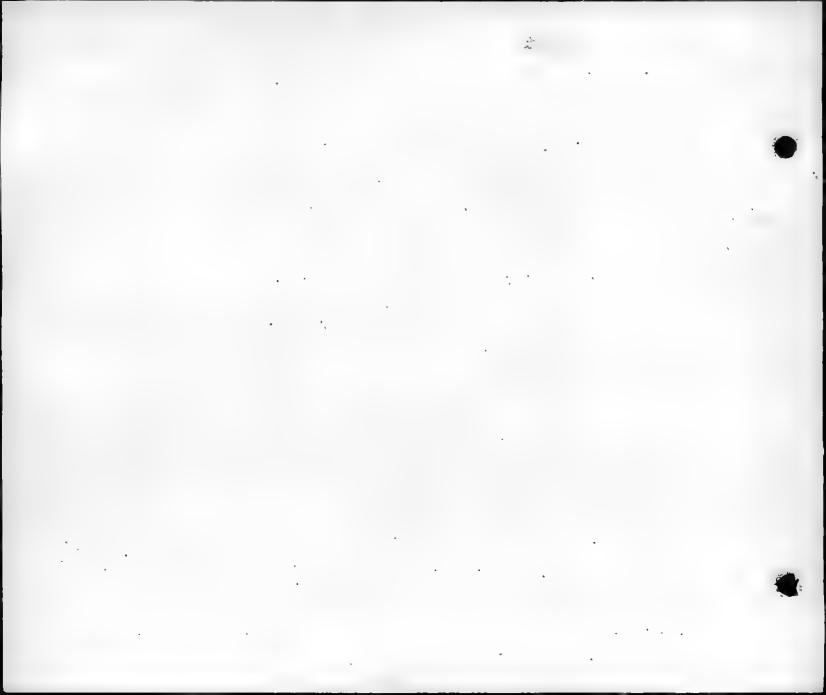
22d LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE

ST. PAUL ST. DATELIN 2 8 '60 arthur S. Hines

VS A1S (4) 15M 9/SB







VS A15 (4) 15M 10/57

ARYLAND STATE DE	PARTMENT OF	HEALTH—BALTIMORE, 1	8
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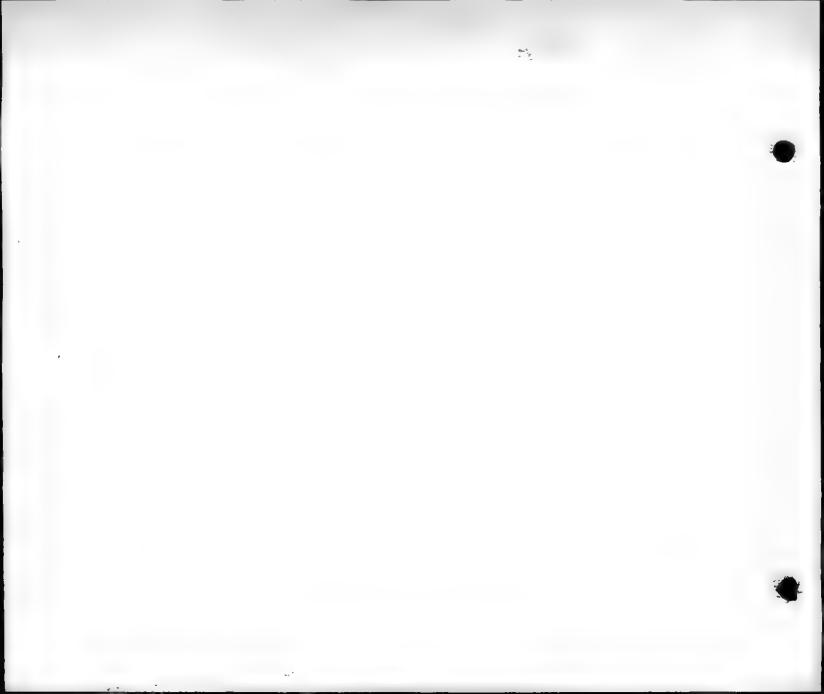
6674 CERTIFICATE OF DEATH

Reg. Dist. No.

66633

	1. PLACE OF DEATH COUNTY Ba	2 USUAL RESIDENCE (W	there deceased	f lived. If institution b. COUNTY	on: Residence	before odn	nission)				
	b. CITY OR TOWN (IF	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
	Catonsvi	Crtonsville 27yr9mth27dys			Baltimor	'e			311	1.11	
ħ	d. NAME OF HOSPITA			•		d. STREET ADDRESS				e. IS I	RESIDENCE LA FARM?
r	SPTITC G	ROVE STATI	E H	TAL		3307 McEl	derry.	Street			□ NO □
	3. NAME OF DECEASED	East	4. DATE OF	Mon	%	Doy	Year				
	(Type or print)	Mar	<i>y</i>	(Gordan)		secker	DEATH	June			1960
	5 SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D.E.	B DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	IDER 24 HRS
	fomale	white	WIDOW	()		May 12, 189		62 yes	Monnis	roys riou	FS ANTEN
	10a USUAL OCCUPAT O during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 BIRTHPLACE (Stote			12 CITIZ	EN OF WH	AT COUNTRY?
	Jeamstre	SS				West Vi	rginia		U.	S. A	•
	13 FATHER'S NAME					14 MOTHER'S MAIDEN	NAME				
	William K					Clara S. M	iller				
	15 WAS DECEASED EVES	IN U. S ARMED FOR		SOCIAL SECURITY NO.	. 17 11	IFORMANT		Addr	ess		
	unknown		I	Jn': newn	Re	cords: SPR	MG GR	OVE STA	TE TO	Jed mi	L
	18. CAUSE OF DEA	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]									
	PART I. DEATH WAS CAUSED BY: Cardiac Failure ONSET AND DEATH										
	DUE TO										
	Conditions, if ony, which) (b) Arteriosclerotic cardiovascular disease										
		gove rise to immediate couse (a), stating the under-									
	lying couse lost.	(c)								
L	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19. WA	S AUTOPSY
	[A]										FORMED?
	PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	□ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED). (Enter nature of injury in	Port I or Port	If of item 18)			
	3 20c. TIME OF INJURY	Month, Day, Yes	or 20d l	NJURY OCCURRED	20e. PL/	CE OF INJURY (Home, for	m. 20f. (City	or town)	(Co	unty)	(Stote)
	20c. TIME OF INJURY Hour g. m.	19	While of wor		hac	tary, street, office bldg., etc	c.) [,
		at Lattended the	decens	ed from Ma	rch	22, 1960, to	June	li 10.60	that I la		
	alive an ปัน		. 196			accurred at 5:20a					
		0			GCGIII	octolico dialettia		reet, city or town,		s odie zic	DATE SIGNED
	ACTUAL SIGNATURE	Sella	RI	achsler	A	AD. STRING C	Fa. VE		ATA K	I 6	-6-60
	PHYSICIAN'S NAME (Type)			ler, M. D.		Cotonsvi	11e 28	, i.irylan	nd		
	220 BURIAL CREMATION SREMOVAL (Specify)	22b DATE THEREO	F //	22c NAME OF CEME	TERY OF	CREMATORY	224 LOCAT	ION (City town, a	r county	(5)	lote) (
1	1-1121 11 11	1679	161	taxle	11	de l'	176	ofen	7/1	ele	2001
	23. JUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS	, we	240, REC	D BY REGIST	RAR 246 REGIS	TRAR'S SIGN		1
	1 /1 -	IRRUIT	Ma	no / 13	18	KING BATE SO	Mt o v	Cov	cow7 21. 7	ralls	
1	/ //										





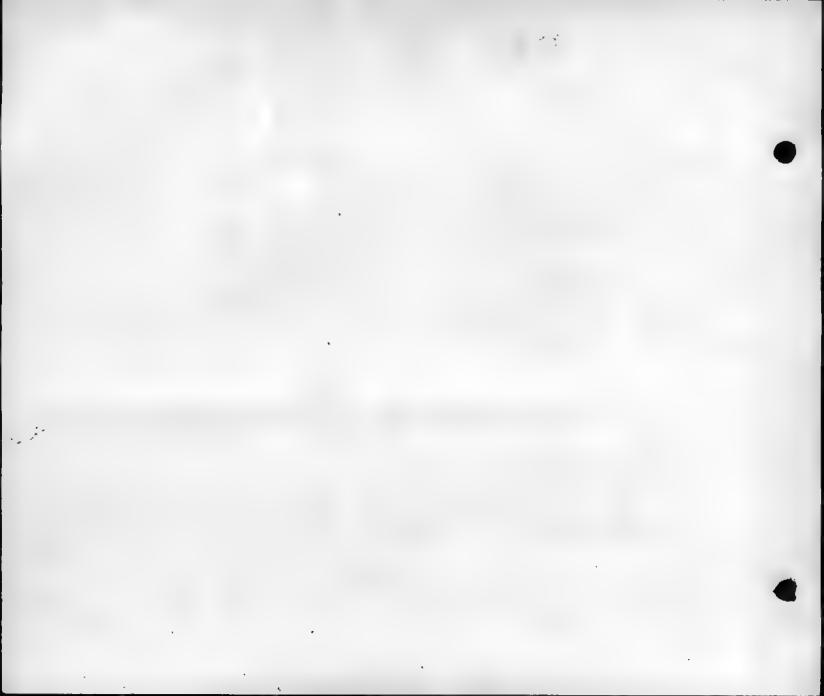
CERTIFICATE OF DEATH

g. Dist. No.

		00.15				Reg, Dist. No.
M)	1. PLACE OF DEATH o COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where STATE Maryla	e deceased lived If institution 11 d b. COUNTY	. Residence before admission)
	RURAL ond give	(If autside corporate limits, write nearest town) CNSVIILE	Byrlimth22dys	Baltimore	side carparate limits, write RUI	RAL and give nearest lawn)
14.	OR INSTITUTION		et oddress) OSPITAL	d STREET ADDRESS 2636 Loyola	Southway	e IS RES DENCE ON A FARM? YES NO
,	3 NAME OF DECEASED (Type or print)	Dora	Middle Ke	ssler	DATE Month OF DEATH	- 8 - 19 60
1	5 SEX emale	white wood	RRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 14, 1904	los birthdoy) 55 yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
	housewife	ION (Give kind of work done 10 irking life, even if retired)	6. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or Polan		Poland
	13 FATHER'S NAME			14 MOTHER'S MAIDEN NA	ME	
4 /		seph Horinger	/ 500 41 55011017V NM 12 H	Rebecca		
1	(Yes. no. or unknown) NO	FER IN U. S. ARMED FORCES? [] [If yes, give wor or dates of service)		cords: SPRIN	G GROVE STAT	
		EATH [Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	11 11	oreston R	reidet.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if					
	gove rise to couse (a), stating lying couse fast	g the under DUE TO	17:17 - 1:		311	
ŧ ;	CATIC		SCONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART I(o) 19 WAS AUTOPSY PERFORMED? , YES NO F
	OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING 7 206. DI G 7 CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	Center nature of injury in Pol	t t or Part II of item 18.)	
	20c. TIME OF INJU Hour o. m.	Whi		ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f (City or town)	(County) (Stofe)
1	21. I certify	hat I attended the decer	4	occurred at 1		that I last saw the deceased an the date stated above
J	ACTUAL SIGNATURE	to Present Kill	Citathe -			OSPITAL 4, 3/1/60
	PHYSICIAN'S NAME (Type)	, 1/4/1/1	(A PAIGS KI	Catonsvil	le 28, Maryla	od
	220 MIRIAL, CREMATI	1. 6-9-60	The NAME OF CEMETERY OF	R CREMATORY 2	2d LOCATION (City town, or	county) 7/15tote)
	23 JUNERAL DIRECTO	R'SSIGNATURE	ADDRESS!	PA DATE AND	111 4 - 100	RAR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death by the hospital or attending physician.

TO HOSPIT VS A15 (4) 15M 10/57



	•	
not the death certificate be executed within 14	The otherding physician and completely filled in by the funeral director,	Died State of Day 1 can a state of the state
direr dedi	the funero	מומפות מ
	in by	3
ATUIN 74	ely filled	2000
A Delinier	complet	papars.
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er in con	physicie	piece semane composit
deoin	Mending	2000
DI TUE	the c	2
=	6	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 6677 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Baltimone b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY INVID c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? Jefferson Street YES NO 4. DATE Month Year DECEASED 1960 Fisio (Type or print) DEATH June 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys DIVORCED | WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Indiana Housewife own home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Cruser IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAN Address 1 .. 5 . 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. QTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(g) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF IN. URY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) 5 Hour o m While Not while of work of work 21. I certify that I attended the deceased from ? 19 00 that I last saw the deceased alive an _, and that beath occurred at____ from the causes and an the date stated above. DATE SIGNED **ACTUAL** SIGNATURE

PHYSICIAN'S

NAME [Type]

229 BURIAL, CREMATION 226 DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stote) Indiana

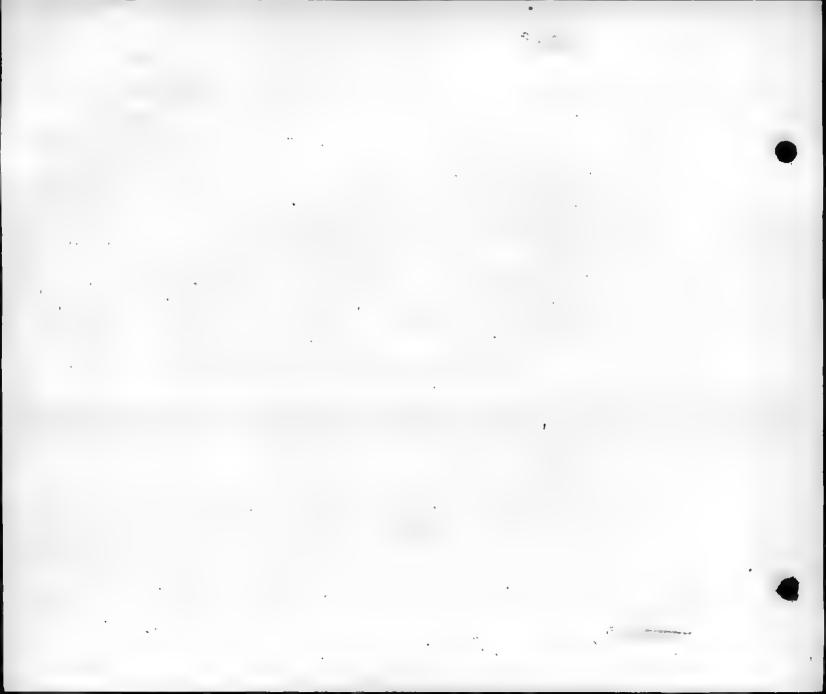
23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Orthur 9 H

VS A1S (4) 15M 9/5B

10

DATE JIII 5



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director,	S S S S S S S S S S S S S S S S S S S	
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<u>ا</u>	ã,	

fter death. Page 4

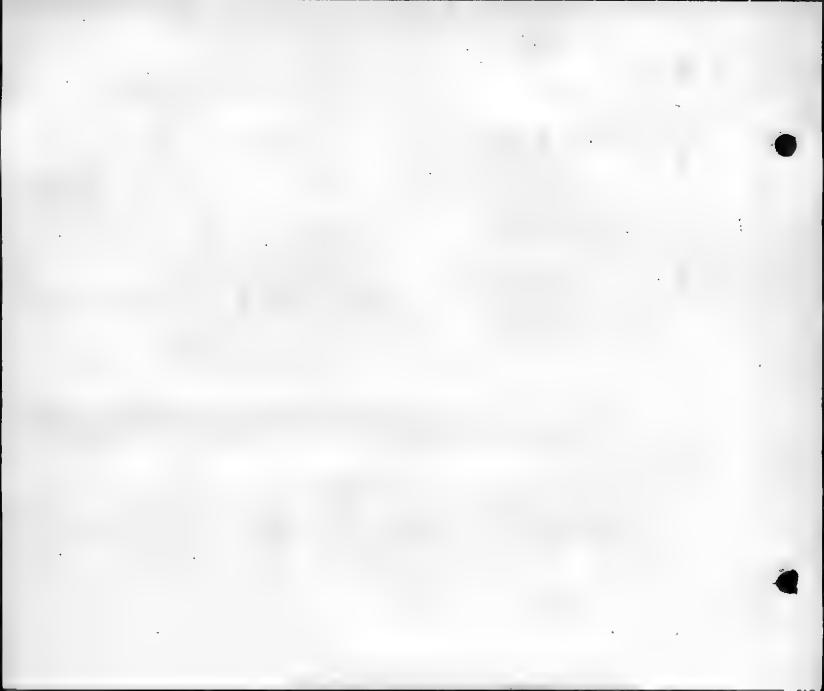
TO HOSPIT.

RATENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 harmfler demay be record by the hospital ar attending phys cian.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune page 3 shauld be detached far use as the burial-transit permit. Then please remove carbop-pages. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 1SM 9/58

	0013	CERTIFICA	AIL OF DEATH	Reg.	Dist. No.
)	1. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived If institution: Resi	dence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR DWN (If outside	de corporate limits, write RURAL a	nd give nbales (town)
	d NAME OF HOSPITAL (If not in haspital, give street as	11 Months	d. STREET ADDRESS 3 /	Baltimore 11	e. IS RESIDENCE
Ħ , *	aged Woman's Taged Mer	is Homes	615 /C/Brest	muti / Live	e on a farm? YES □ NO □
	3. WAME OF DECEASED (Type or print)	Middle	Knight "	DATE OF JUNE	30 1960
	5 SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		aug 1- 187	9. AGE (in yeors le UNI Month	DER I YEAR IF UNDER 24 HR
	10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	Baltmale 19	Co, Md.	CIT-ZEN OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	of Hopp	·-
	IS (WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SI	OCIAL SECURITY NO.	NFORMANT W. Staw	rest Ph last	Chestrut Our
	18. CAUSE OF DEATH [Enter only one couse per line	for (a) (b), and (c).	001	411, 010	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Hypotatu	Ensumonia.	acute longotice	ONSET AND DEATH
	DUE TO	List Fulan	7 M. + 1	D:	, ,
	Conditions, if any, which gove rise to immediate DUE TO	Macro Delin	otic Alact Sl	RIPAR	3 grs
	lying couse last. (c)				
	PART II OTHER S GNIF CANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN I	PART I(0) 19 WAS AUTOPS PERFORMED? YES NO
			D (Enter noture of injury in Part	I or Part II of item 18)	
	20c TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. 19 While at work	_ Nat white _ for	ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.)	10f (City or tawn)	(County) (State
	21 I certify that I attended the decease	d from august	19 ³ , to gu	ne 30, 1960, that 1	lost saw the deceose
	olive on June 2 8 , 19 6	, and that death	,	from the causes and on ORESS (Street, city or town, state)	the date stated obove
	SIGNATURE Afflicational Ed.	nes Day	M.D. 4-2-	3314St Bail	618 mul 130
	PHYSICIAN'S NAME (Type) NewLANDE	QUARU DA	1mD		7-1-6
1	220 BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d	LOCATION (City, fown or count	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	5 HAMPDEN 240, REC'D BY	Y REGISTRAR 246 REGISTRAR'S	SIGNATURE
	WILLIAM COOK ENG	121757	PAUL ST DATE SUL		S. Kines



06653

	557	9	CEKTIFI	CAI	OF DEATH					
1. PLACE OF DEATH				1 :	USUAL RESIDENCE (Who, STATE	ere deceased l		n- Residence	s before	e admission)
Balt	to.		MARYL	AND	Md.		6. COUNTY	Ralto		
b. CITY OR TOWN (I	f outside carporate limi	ls, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If o	utside corporo	te limits, write RL	IRAL and gr	ve near	rest town)
Pikesvil	le				Pikesville					
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	address)		d. STREET ADDRESS				6	ON A FARM?
22 Maryl:	and Ave.		<u> </u>		22 Maryland	Ave.				YES NO
3. NAME OF DECEASED (Type or print)	Fir BLAN		Middle V	KF	Losi EINÉR	4. DATE OF DEATH	June		Day	, Year 19 60
5 SEX			IED NEVER MARRIED		DATE OF BIRTH	9.	AGE (In years		-	IF UNDER 24 HRS.
female	white	WIDOWE			an. 23, 1892		last birthday)	Months [Days	Hours Min.
100 JSUAL OCCUPATIO	N (Give kind of work	dane 10b	1991		Y 11. BIRTHPLACE (Stote		ntry)	12. CITIZ	EN OF	WHAT COUNTRY?
Housewife	ing life, even if retired	3	at home		Md.					
13. FATHER'S NAME					14. MOTHER'S MAIDEN N					
Robert M	erri ck			-	Susan Slini	ng				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO	RMANT		Addr	ess		
no	(ii yes, girle wor or during or s	en vice)		Mrs	. Dorsey Ste	wart -	2h Mary	rland	Ave	
18. CAUSE OF DEA	ITH [Enter only one co	use per lin	ne for (o), (b), and (c).]						INTE	RVAL BETWEEN ET AND DEATH
PART I. DEA	PART I. DEATH WAS CAUSED BY: Carcinoma sigmoid colon with generalized								CIASE	EI AND DEATH
Due to metastasis.										
Conditions, if a	au which i								10	months
gave rise to i		,							1	
lying couse lost.	ine under-									
	J (C	4	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMI	NAI DISEASE	CONDITION GIV	FN IN PART	1(0) 15	WAS AUTOPSY
	ILK STOTATI CATAL CON	DIT 0143 C	.014.600,0140 10 01.21	11 001 14	ST RELIATED TO THE TENNI	IANT DISTURE	CONDINON OIL	14 114 (76)	1(0)	PERFORMED?
2 Mar ACCIDENT IN	is independence of	ANL DECC	TRIDE HOW IN NURS OF	CHIRDED	(Enter nature of injury in f	and I ar Back I	Laf Jan 101			YES NO
PART II OTH	CAUSE OF DEATH MEDICAL EXAMINER	200 DE30	TRIBE HOW INJURY OC	CORRED.	coner notice of infary in i	gn or ron i	i oi iigii ro.j			
		or 20d. IN	NJURY OCCURRED 2	De. PLAC	E OF INJURY (Home, form	20f (City o	r town)	(Ca	ounty)	(Stote)
20c T ME OF INJUR	19	While	Nat while	facto	y, street, office bldg., etc.)		·		
					1 1 7	20	T 20	Z,		
					eptember 119					
saw the deceas	ed alive on JU	ne_19	19.00 , and t	hat de	ath accurred at 6 A	M, fram t	he causes an	d an the	date	
226 SIGNATURE	11				ATTENDING MI	-D	STAFF		0.7	22b DATE
Keck	- HerboI	ESTER	LEBO,	М	D PHYS. 🝱 DI	RECTOR 🗆	STAFF PHYS	June :	21,	1960 SIGNED
22c PHYSICIAN'S NAME (Type)			2.0		22d ADDRESS		D-311		7 17	Man 2
	LESTER I	رBO علم	M.D.		1801 Euta	w Plac	e, Balti	more	1/9	Marylan
23a BUR AL, CREMATIC		OF .	23c, NAME OF CEMET	ERY OR	CREMATORY	23d LOCATIO	ON (City town, o	r county)		(State)
REMOVAL (Specify) Burial	6/22/60		Druid Ri	dge	Cem_ t		Pikes	rille		
24 PONERAL DIRECTOR	SIGNATURE		DAPORES	R		D BY REGISTRA	AR 25b, REGIS	TRAR'S SIG		
Minn. y	· ILE WA	nig	- / Your	-14	PLEIL C DATESUN	21 '60	Ch.	Jun 2. F	اعسه	
					1 lues					

TO HOSPIT IN ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. after death. Page 4 may be not about the hospital an attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and nampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please performance and pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayol, and in any event, with n 72 hours after death. ovent with

after death. Page 4

VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

I A I DI OLA	- 31 A 11311 CAL REJEARCH AND RECORDS — BA	k III.
691	CERTIFICATE OF DEAT	1

AL	RESEARCH	AND	RECORDS	<u> — I</u>	BALTIMORE	1,	MARYLAN
E	RTIFIC	ATE	OF E)EA	TH		

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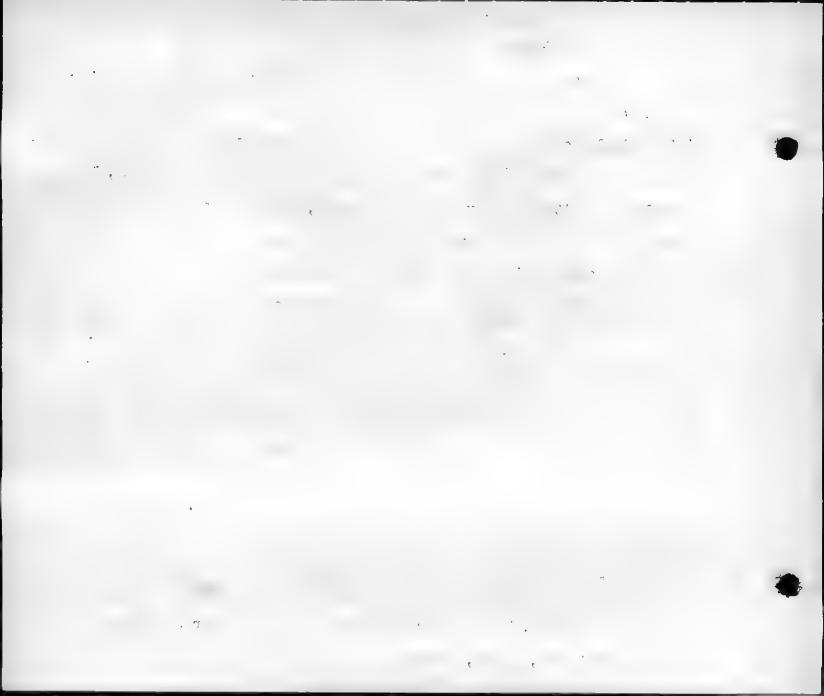
1.	0.00			
,	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived of institutions of STATE b. COUNTY	Residence before admission) Baltimore
,	b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) Towson	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RUR 55 Towsen	AL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION 923 Southerly Read	t address)	/d. STREET ADDRESS 923 Southerly Road	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) BELLE MI	RY LANE	Last 4. DATE Month OF DEATH Jun	ne 16, 1960 Year
			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own Home	TRY 11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	William Buckley Ennis		Emma Lepson	
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no, or unknown) None Reservices 16 None		formant Address	5
	PART 1. DEATH Enter only one couse of PART 1. DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. (c)	green (o). (b) and (ch)	- V Lesense	INTERVAL BETWEEN ONSET AND DEATH
	ICATIO		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	V IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
		SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of item 18.)	
	20c TIME OF INJURY Month, Doy Year 20d Hour o. m Whi of we	e Not while foct	ICE OF INJURY (Home, form, 20f. (City or town) tory, street office bldg , etc.)	(County) (State)
1	21 I certify that (I) (this haspital) attention to the saw the deceased alive an	6 19 6 9 and that de	eath accurred of JMM, fram the causes and A.D. PHYS. MED DIRECTOR STAFF 22d ADDRESS LOZE, School ARD, To.	an the date stated abave. 22b DATE SIGNED WSCN4, Mo.,
L.	23a BURIAL, CREMAT ON, 23b DATE THEREOF REMOVA- (Spec fy) June 20, 196	23c NAME OF CEMETERY OR Western Gene		
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		RAR'S SIGNATURE
	John Burns' Sons, Tows	son. Maryland	DATEJUN 2 0 '60	my & Kanya

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TO HOSPIT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr. ofter death. Page 4 may be r. by the hospital or attending physician.

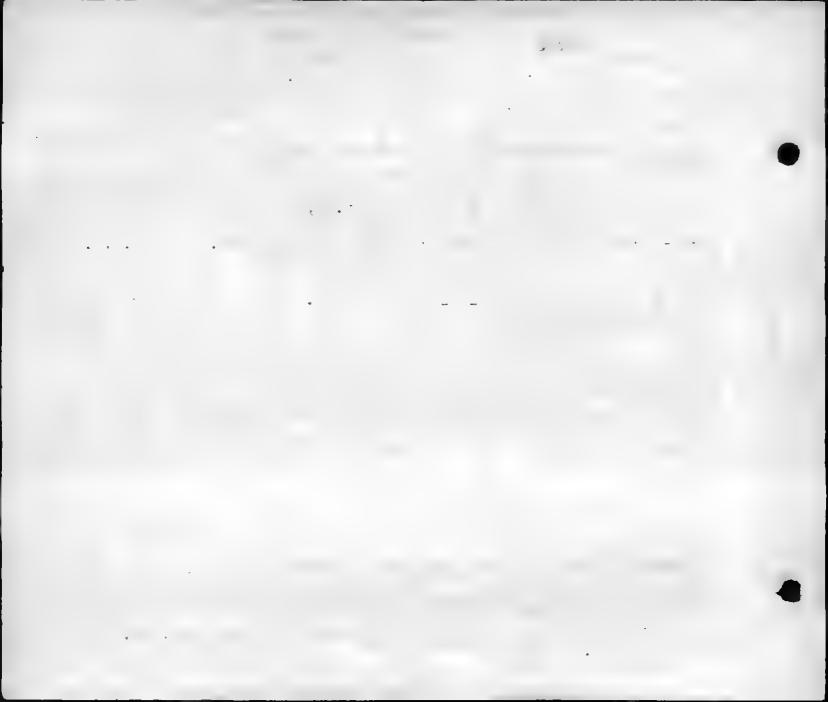
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Mealth prior to burial, are manalan, and may event, within 72 haves ofter death.

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after death. Page 4

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may be do by the hospital or attending physician.

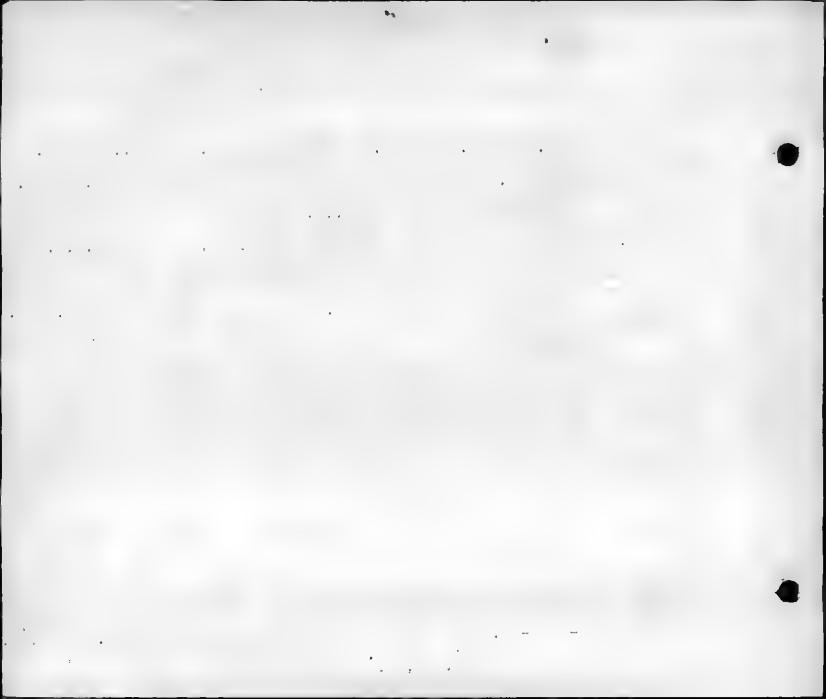
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remeve corbon pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haven after death.

AR ATTENBING EMYSICIAN: The low requires that the Booth certificate be executed within 2 TO MOSPI

VR A15 (4) 15M E/59

. #	LACE OF DEATH COUNTY Owin	Resevood	State 1	raining	School	2 USUAL RESIDENCE (Who STATE	ere deceased li	b COUNTY,	on: Residence be	fore admiss Georg	ilon)
Ŀ	o. CITY OR TOWN (If outside corporate Ifmi	its, write c.	LENGTH OF STAY	IN 1b	c CITY OR TOWN (If o	utside corporat	te limits, write RI	JRAL and give n	egrest town	1)
Q	RURAL and give m	ls : Marylar		3 yrs.io	ROS.	Upper Ma	rlboro		11		
(OR INSTITUTION	TAL (If not in hospital, g	give street add	ress)		d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?
	Rosewood	State Train	ning Sc.	hooT		Box 284 R. I		1			NO [
.	NAME OF DECEASED	Fit	rst	Middle		Last	4. DATE OF	Mon	th I	Day	Year
	(Type or print)	John		Ford		Latimer	DEATH	6		4	1960
5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE	B B	DATE OF BIRTH	9	AGE (n years	IF UNDER 1 YEA		ER 24 HRS
	Male	White	WIDOWED [DIVORCES		March 1,1905		biethdoy) 55 yrs	Months Days	Hours	Min
0a	USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b KIN	D OF BUSINESS O	R INDUST	RY 11 BIRTHPLACE (State Washingto)		(עוזיי)	12 C TIZEN		S.A.
3.		M. Latimer						•			
5 Yes				None	17, INE	Resewoe	d Recer	*ds Addr	ess		
	Conditions, if a gove rise to i	DUE TO	1-6	ilep	17		rece	neor	le le	Pr	
S	WAS DECEASED EVER IN U. S. ARMED FORCES? NO NO NO NO NO Reserved Records Address Address Address No Reserved Records Address Address Reserved Records Address Address No Reserved Records Address Address Reserved Records Address Reserved Records Address Address Reserved Records Address Address Reserved Records Address Reserved Records Address Address Reserved Records Address Address Reserved Records Address Address Reserved Records Address Address Address Reserved Records Address Address Reserved Records Address Address INTERVAL BETWEEN ONSET AND DEATH ON DEATH ON DEATH ON DEATH ON DEATH ON DEATH ON										
CEKI PI	OR CONTRIBUTING	CAUSE OF DEATH	20b. DESCRIE	BE HOW INJURY O	CCURRED	(Enter nature of injury in	Part I or Part I	of item 18.)			
MEDICAL		RY Month, Doy, Ye		_ Not while	20e PLA	CE OF INJURY (Hame, farm ory, street, office bldg., etc	20f (City o	r town)	{Count	у)	(Stote)
	1 '	at (1) (this haspita sed alive an 1	1-p. m		that de	eath accurred at 2 A	M, from the	staff Phys.	f, 19.6.0 d an the da	ite stated	
	22¢ PHYSICIAN'S NAME (Type)	TOHN A.		103		22d. ADDRESS UNIO. H	OLP.	Balfi	u ore	W	d
3a	BURIAL, CREMATIC REMOVAL (Specify			Sc NAME OF CEMI	EFERY OR	LEm.	na.	ON (City, town,	ton 1	(510)	(e)
4	FUNERAL DIRECTOR	randres	Co, 5	ADDRESS # 17 //	SYSI	250 REC	N 1 0 '60		Lun S. Kra	JURE LUA	





BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY	BALTIMORE		MARYLAND	2. USUAL RES		(Where deceased	lived. If institution b. COUNTY	on-Residence	a before od	dmission)
B CITY OR TOWN RURAL and give FORT HOWA		ts, write	105 DAYS	BALT	` ·	(If outside corpore	ote limits, write R	URAL ond g	3 V	town)
OR INSTITUTION	ITAL (If not in hospital, (ADMINISTRAT			d. STREET			OU STREE	m	0	RESIDENCE ON A FARM? S NO T
3. NAME OF DECEASED	Fic	st	Middle	L	ost	4. DATE OF	Mon	th	Doy	Yeor
(Type or print)		RNON	J	LA	- 10-	DEATH		NE LINDER	3	19 60 INDER 24 HRS
S SEX MALE	COLORED	WIDOWE	ED DIVORCED	JULY 9			AGE (n years lost birthday) yrs	The state of the s		ours Min,
during most of wo	ION (Give kind of work rking life, even if retired	done 10b	KIND OF BUSINESS OR INDI	JSTRY 11 BIRTH			intry)	12 CITIZ		IAT COUNTRY?
BELL HOP			HOTEL	14 MOTHER		RY LAND			U.S.	he
	* 41.903				TRA I					
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	TIEH I	CLALLALI	Add	ress	-	
[Yes, no. or unknown]	(If yes, give wor or dates of s	ervice)		THE DEVI	37 A 11	DATOTAN	סדי אות דו	т ном	ADD D	TUTCTON
YES CAUSE OF DE	ATH Enter only one co			LIN REC	VAH	BATALINO)	RIE MID E	17 P(0.0)		TATOTON
										AND DEATH
Land	ATH WAS CAUSED BY: IMMEDIATE CAUSE (C					DISEASE			MARKE	DESCRIPTION OF THE PERSON OF T
	S X XXXXX	ADC	SOCIATED WITH	UREMIA A	ND P	ULMONARY	EDEMA			
Conditions, if	immediate									
cause (a), stating	the under- DUE TO)								
lying couse lost	_ , ,	1								
PART I O'	THER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	IT NOT RELATED 1	O THE TE	RMINAL DISEASE	CONDITION G V	EN IN PART	1(o) 19. Vi	FREORMED?
5 LEENN		-	Unknown Dura						YES	S NO
OR CONTRIBUTION	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206, DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury	in Port I or Port	(Lof (tem 18.)			
ZOc. TIME OF INJL	RY Month, Doy, Ye	While		LACE OF INJURY octory, street, offi		form, 20f. (City atc.)	or town)	(C	County)	(Stote)
21 I certify th	at 🗓 (this hospita	i) attend	led the deceased fram	Februar	y_19	1260to J	une_3	19_60	Q, that]	K) (we) last
saw the dece	osed alive an Ju	ne_3_	1960 , and that	death accurn	ed 3:]	1.5am from (he causes ar	d on the	date sto	ated abave.
220 SIGNATURE	n 12	_		A TELLEDIA	10		47185			22b DATE SIGNED
	(15	-15	2 9	M D. PHYS		MED DIRECTOR	STAFF PHYS X		E	5_3_60
22c PHYSICIAN'S NAME (Type)	C. B. COPI	3		1-D VAH		TIMORE M	D-FORT H	CHARD	DIVIS	SION
23g BURIAL CREMAT	ON, 23b. DATE THEREO		23c, NAME OF CEMETERY	***			ON (City, town	or county)		(Stote)
REMOVAL (Specif	1 6-8-	60	BALTIMORE N	IATIONAL		BALT	MORE	MAE	YLANT	
24 FUNERAL DIRECTO	R'S S GNATURE	1//	1011 N. Arline	ton Ave	25¢ R	RECORD HIGHST	25b, RE(C)	STREES SIE	NATURELA	

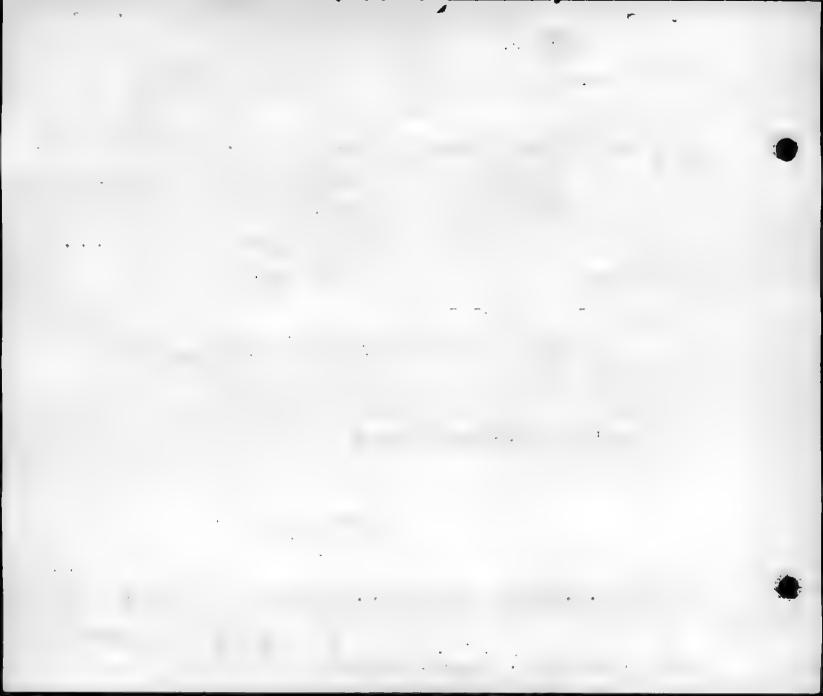
Baltimore, Maryland

DATE

ofter death. Page 4 TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be elected within 24 h. after death. Page 4 may be read by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signal by the attending physician and camplefely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, at removal, and in any event, within 72 hours after death.

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NO.	A Place	יוש אַ
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to offer death. Page 4	may be by the hospital or attending physician. TO FUNERA DIRLY W.: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages: Pages 1 and 2 should be filed with	the registrar prior to burial, cremation, or removal, and in any event within /2 hours after depth.
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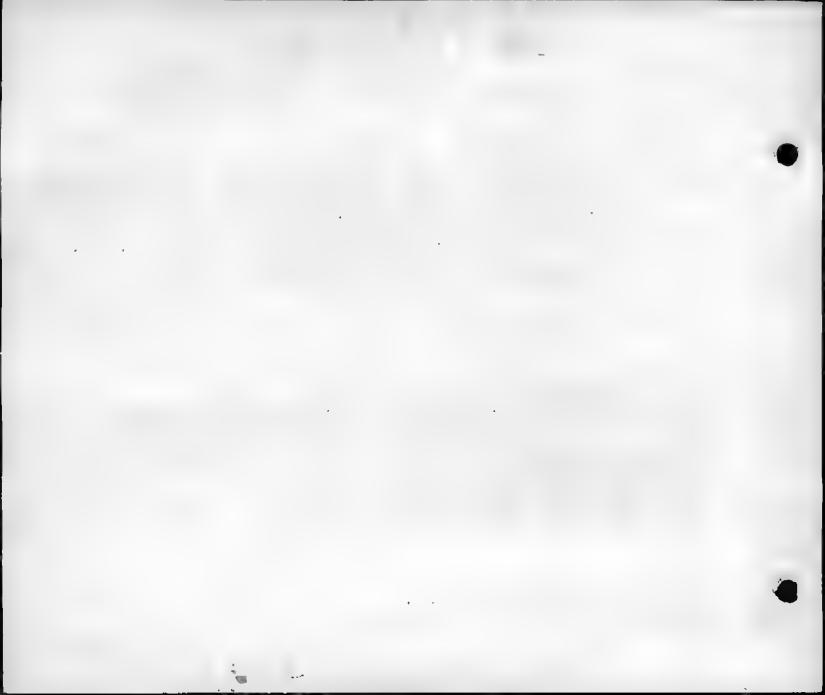
VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	1	8

6686 CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere deceased	l lived. If instituti		ce before o	dmission)
	o. COUNT	Baltim	ore	MARY	TLAND	o. STATE	Maryl	and	b. COUNTY			
	b. CITY OR TOWN (II RURAL and give ne	outside corporate limit	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside corpor	rote limits, write f	URAL ond g	give nearest	town)
		sville		28yr2mth24	dvs	Bal	Ltimor	е .			31/	11.4
	d. NAME OF HOSPITA	AL (If not in hospital, gi				d. STREET /		<u> </u>			e. 15	S RESIDENCE
L	SPRING GRO	OVE STATE	HCJ	TAT.		650 We	est Co	nway 3	Street			DN A FARM?
1/3	NAME OF	Firs	Ad-NO.OC	Middle	······································	lo		4. DATE	Mai	nth .	Day	Yeor
	(Type or print)	Frank		Christo	pher	Lephar	rdt.	OF DEATH	_	iune	22	19 60
S	SEX		7 MARR	EEEE NEVER MARRI		DATE OF BIRT			9 AGE (in years last birthday)		1 YEAR IF	UNDER 24 HRS
	male	white	WIDOWE			Dec. 27	7, 188		16st birthday) 75 yrs	Months	Days H	ours Min
11	O USUAL OCCUPATION during most of work	N (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHP	LACE (State	ar foreign co	ountry)	12, CIT	IZEN OF W	VHAT COUNTRY?
	bricklay		co	rstruction	wor	k I	Mary la	nd		U.	. S. F	A
E	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
H	hristo	oher Lephar	dt			Ka	ate Ra	vine				
19	. WAS DECEASED EVER		ES? 16	SOCIAL SECURITY NO) 17. th	FORMANT			Add	lress		
	Unknown	,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nknown	Res	cords:	SPRI	G GRO	OVE STAT	TE HO	SPIT	١٦.
	18. CAUSE OF DEA	TH [Enter only one cou	se per lin	e for (o), (b), and (c).	.}						INTERVA	AL BETWEEN
	PART 1 DEA	H WAS CAUSED BY:	Mvc	cardial i	nfaro	tion					ONSET.	AND DEATH
	423 0	DUE TO								•		
	Conditions, if or	ly, which) this	Core	mary arte	rioso	elerosis	1					
L	gove rise to in couse (o), stating I											
	lying couse lost.		Arte	mi osclero	tic c	a mi ova	scula	r dise	asa			
2	PART II OTH	ER SIGNIFICANT CONE								/EN IN PART	[1[o] 19, V	VAS AUTOPSY
TA T												ERFORMED?
CESTIFICATION	20s ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	206 DESC	RIBE HOW INJURY O	CCURRED	(Enter noture o	of injury in P	Part I or Part	II of item 18.)			
		MEDICAL EXAMINER)										
MEDICAL	20c TIME OF INJURY	Month, Day, Yea		JURY OCCURRED	20e. PLA	CE OF INJURY	Home, form,	20f (City	or town)	(C	ounty)	(Stote)
Z B	Hour e.m.	19	While of work	Not while	loci	ory, street, offic	e blog., etc.	1				
	21. I certify the	at I attended the	decense	d from June	e 8	, 19 60) to t	June 2	2 1960	that i l	art row	the deceased
L	olive on	June 22					9:40	AM from	the couses of	and on th	a data	tatad -b
П	-7	7	7) 25	1/2	acam	occorred de			reet, city or town,		ie dule i	DATE SIGNED
H	ACTUAL SIGNATURE	green p	41.	GU, JE		LD SPR		GROVE	STATE	HOSPT	TAT	6-22-60
L					^			<u> </u>		.117.77.7.	LOW	
	PHYSICIAN'S NAME (Type)	Bruno R	adaus	kas. M. D	•	Cat	onsvi.	lle 28	Maryla	nd		.
22	DREMOVAL (SPESSY)		1 .	22c NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, fown,	or county)		(Stote)
-	3122121	6-25-	60	Word	Fal	17/1/		Vai	thereo	21		nel:
33	FUNERAL DIRECTORS	SIGNATURE	4.4	ADDRESS	1-1-	77		BY REGISTI		STRAR'S SIG	NATURE	
4	+redu	1 (olu)	191	3H. Kal	16:	dy	DATE JU	N 27'6	0 a	thun 8.	thous	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o COUNTY a. STATE b. COUNTY MARYLAND 2007 CITY OR TOWN (If outside corporate limits write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RJBAL and give nearest town) 122 d NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS ON A FARM? OR INSTITUTION YES NOTO nanor NAME OF Middle 4. DATE Year DECEASED DEATH 1960 (Type or print) 5 SEX 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH last birthday) Months WIDOWED IX DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ud 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 18 CAUSE OF DEATH (Enter only one couse per line for (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? YES NO 206, DESCRIE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20d. ACCIDENT WAS UNDERLYING A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour om While Not while at work at work eure 23 19 60, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram. 23 196 O. and that death accurred at saw the deceased alive on M. from the causes and on the date stated above. 22o SIGNATURE 225 DATE SIGNED ATTENDING PHYS STAFF __ M.D. DIRECTOR [22c PHYSICIAN'S 22d ADDRESS NAMÉ (Type) 23a BUR AL CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) 25-60 GREEN 256 REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 1900 EUTAW DATE JUN 2 O-Than & Throne

AND SET OF SET O

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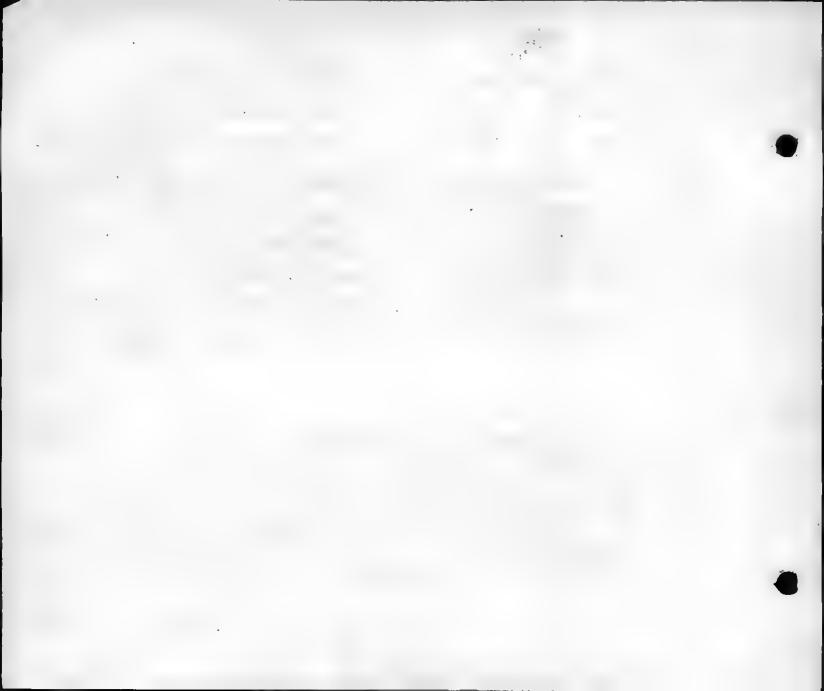


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CAS MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exer-or. Page 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY Balto. o. STATE **b.** COUNTY MARYLAND Md . buriol, b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown] Baltimore Campus Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give alreet oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Squires Rd. 5207 Midwood Ave. YES TO NO T NAME OF First Middle 4. DATE Month Dav Year DECEASED OF DEATH JULTA DOLLINGER LEHTNER (Type or print) June 23. 19 60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE Illa years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Davi female whi te WIDOWED [7] DIVORCED T With 2 will 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pub ě Homemaker Md. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Charles Dollinger MS. Amelia 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Give Mrs. Sophia L. Bortner - 1311 Southview Rd. 18. CAUSE OF DEATH [Enter only one cause per-tipe for (a)...(b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if one, which pencil alang gove rise to immediate cause **DUE TO** (a), stating the underlying couse last. pending in iner's Office (c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 50 PERFORMED? NO [] 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) writing the white Medical 1 DR: Page 3 sh While foctory, street, office bidg., etc.) O. M. Not while p. m. of work of work 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 7. Inquiry and find that o the Chief I deoth resulted from? Natural couses Accident Suicide -Homicide . Undetermined couse ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION. 22b. DATE THEREOR 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) b (Stote) Burial (Specify) 0 6/27/60 Druid Ridge Cem. Pikesville. Md. 23. EMNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) JUN 27'60 5M 9/55

DEPU





MARYLAND STATË DËPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY MARYLANDS COUNTY BALTI MORE MARYLAND erol c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN III autside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town) COCKEL BALTIMORE d. STREET ADDRESS d NAME OF HOSPITAL (If not in hospita, give street address) e IS RESIDENCE OR INSTITUTION ON A FARM? 1614 HILTON ST. ASONIC YES NO DATE OF DEATH NAME OF Middle ę, DECEASED Poges death. (Type or print) 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost_birthday) completely Manths DIVORCED | WIDOWED IX popers. 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWLFE puo РОЛ 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME HILBERT MARY IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT NONE ottending INTERVAL BETWEEK 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] ONSET AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gned gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part + or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20e PLACE OF INJURY (Hame, form, 20f (City or town) Day, Year 20d INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at wark at wark 21 I certify that (1) (this haspital) attended the deceased fram. 3 19.60, that (1) (we) last 1960, and that death accurred at 1.53M, from the causes and an the date stated above saw the deceased alive on. DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED M.D. PHYS MED DIRECTOR þe or O 22d ADDRESS 22c PHYSICIAN'S 3 should NAME (Type) TO FUNERAL 23g BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fawn, or county) (State) REMOVAL (Specify) June 11,1960 Greenmount Cemetery Baltimore. Maryland Buria ADDRESS 256 REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a REC'D BY REGISTRAR

PANN 1 3 '60

Chillian & Ruma

William Cook, Inc. 1217 St. Paul Street



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MADVIAND CTATE DEPARTMENT OF UCA

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ON	OF STATIST	TICAL RESEA	RCH AND	RECORDS -	- BALTIMORE	1, MARYLAND
14		CERTIF	ICATE	OF DE	ATH	

L		EEGT	CEKTIFIC	AIE OF	DEATH		(j_{	1600	
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	OR INSTITUTION	f not in hospita , give street	140ME	d STREE	1 ADDRESS 2 25- /4			e IS RE	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	EMILY	Middle	LINDS	A Y 0	AF	Month NE	2 O	Year 1966
	HE	COLOR OR RACE 7 MARK	DIVORCED	1 4-7	-1870	10		1 YEAR IF UNE Days Hours	
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13	FATHER'S NAME		4	14. MOTH	R'S MAIDEN NAME				
	CONRAL	D SCHII	2 M		UNI	INDUE			
1S Y		U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 1	7. INFORMANT	A. Sr	with &	Address	lysvel	C, My
	Cond t ons, if ony, gove rise to imme cause (a), stating the y lying couse last.	DUE TO which (b) (b)	Vas	euler	ione. Dr	sein	Rule_O		
CATION		IGNIFICANT CONDITIONS (PERF	AUTOPSY DRMED?
L CERTIE	20g. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED	NDERLYING (1) 206. DESI CAUSE OF DEATH ICAL EXAMINER)	CRIBE HOW INJURY OCCU	JRRED (Enter natur	e of injury in Part I o	or Port II of item 18	3.)		
MEDICAL	20c. TIME OF INJURY A Hour a.m. p. m.	Aonth, Doy, Year 20d II While at wor	Not while	factory, street, o		. (City or town)	(C	ounty)	(State)
	sow the deceosed. 220 SIGNATURE	uki T. l	7_1960, and the	M D ATTENE	PING MED DIRECTO	OR STAFF	s and an the	dole states	(we) lost d above. 26 DATE SIGNED
23	o. BURIAL CREMATION.	JALTER THEREOF	23c NAME OF CEMETER			EYS UIL		177)
	REMOVA. (Spec fy) BURLAL	6-22-60	Louion Pa			B 1tim		(Sto	ne)
24	FUNERAL DIRECTOR'S SIC		ADDRESS	The State of the S	25a. REC'D BY R	REGISTRAR 25b.	REGISTRAR'S SIG		
	Villiam Cook	Inc., 1217	St. Faul Str	reet	DATEJUN 2	2 '60	Orthur L.	Track	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1, F	PLACE OF DEATH			MARYLAI		ISUAL RESID	ENCE (Wh		I If institutions R	esidence bef	ore admission)
7		BALTIM	ORE		MAKILAI	AD.	14	ARYLA				
	ŀ	b CITY OR TOWN (if outs		write c LEN	GTH OF STAY IN	ТЬ	CITY OR TO	OWN (If o	utside corporate la	mits, write RURAL	and give n	earest fown)
		FORT HOWARD	iown)	14	4 DAYS	5	7 B.	ALTIM	ORE		1	
0	(OR INSTITUTION	not in hospital, give	street address)	1/	d STREET AC	DR955		77 .	X	e IS RESIDENCE
		VETERANS AD	MINISTRAT	ON HOS	PITAL		7006-A	MOR	NINGTON	ROAD		YES NO
	3. [NAME OF DECEASED	First		Middle		di tost	7	4. DATE	Month.	0	ay Year
		(Type or print)	ELME	R	E		LITMAI	¥	OF DEATH	JUNE	2:	1 19 60
	5 9	SEX 6. 0	COLOR OR RACE 7	MARRIED X	NEVER MARRIED	B DA	TE OF BIRTH		9 AC	The state of the s		R IF UNDER 24 HRS
		MALE V	WHITE W	OOWED _	DIVORCED [7-89		7	O yrs	nths Days	Hours Min.
	10a	JSUAL OCCUPATION (Coduring most of working li	ive kind of work dor	10b, KIND (OF BUSINESS OR I	NDUSTRY	11. DERHIPLA	CE (Stole	or foreign country	1	2 CITIZEN C	OF WHAT COUNTRY?
7		CARPENITOR		00	NSTRUCTIO	N	PEN	VSYLV	ANIA ,		U.S.	.A.
	13.	FATHER'S NAME				14	MOTHER'S	MAIDEN N	IAME	. ,		
		THOMAS R	LTTMAN					LINE	KEFOVER	,		
	15. (Yus	WAS DECEASEDEVER IN	U. S. ARMED FORCE	\$7 16. SOCIAI	L SECURITY NO.	17 INFOR	MANT			Address		
		YFS	WW-1	162-	14-0025	CLIN	REC V	VAH B	ALTO MD	FT_HOWA	RD_DIV	VISION
		18 CAUSE OF DEATH										TERVAL BETWEEN
		PART I. DEATH V	AS CAUSED BY: NEDIATE CAUSE (0).	RONCHO	GENTO CAR	RCTNO	MA TE	क्ष म	भार द्वागाच	REMOTE		NKNOWN
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		gove rise to immediate										
48	tying couse lost. Column Column									111	NKNOWN.	
1										19 WAS AUTOPSY		
라다	PERFOR									PERFORMED? YES A NO		
O TO	CERTIFI	20a ACC, DENT WAS UN OR CONTRIBUTING C	DERLYING [] 20	b DESCRIBE H	IOW INJURY OCC	JRRED (En	iter nature of	injury and	Port I or Port II of	item 18.)		
		(IF EITHER, NOTIFY MED	ICAL EXAMINER)									
35	WEDICAL	20c TIME OF NJURY M	lonth, Day, Year	20d. INJURY			OF INJURY (H		20F (City or to	own)	(Count)	r) (Stote)
	WED	Hour o.m.	19		lot while	, .			'			
23		21 I certify that A)	(this basnital)	attended th	e deceased fr	om Man	r 8	10	60 to Jun	e 27	19 60	that (X) (we) last te stated above
		saw the deceased	1 7	27 1	960 and th	at death	occurred.	:30 °E	M. from the	causes and a	n the dat	te stated abave
		220 SIGNATURE /	.)		- Sear Forto In	or ocon	- Occorred	Mar and				22b DATE
		(f de	. 13 (100	3 0	M.D.	ATTENDING PHYS	□ MI	ED. ST RECTOR PH	AFF IYS X		5-22-60
		22c PHYSICIAN'S					22d. ADDRES	55				
		CLYDE B. C	OPE, M.D.				VAH I	BALTI	MORE MD	- FT HOW	ARD D	IVISION
	230	RUP AL CREMATION S		23c	NAME OF CEMETE	RY OR CRI	MATORY		23d. LOCATION	(City, lown, or co	unty)	(Stote)
	Re	emoval (Specify)	6-24-6	O PO	THE MARTO	N ME	ORTAL		POTNT M	ARTON PE	NNSYT	VANTA
	24	FUNERAL DIRECTOR'S SIG	NATURE		DDRESS		221.	25a REC'	D BY REG STRAR	25b REGISTRA		
	₩m	Cook-Blight	Inc	6009 Bal t	Harford	Rd Md		DATE JL	IN 27'60	Cloth	in S. Th	and .

TO HOSPIT TO EXECUTE THE PROPERTY OF THE PROPE ofter death. Page 4 ATTEMBING PHYSICIAN: The low requires that the death certificate by mincuted within 24 ha

TO HOSPIT VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CONTROL OF DEATH

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	obya Certificat	E OF DEATH
N	PLACE OF DEATH COUNTY BALLS THOSE MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE Mary I pool b COUNTY Harmond
* .	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRURAL BALTI MORE 42 days	C. CITY OR TOWN (IPutside corporate limits, write RURAL and give nearest town)
T.	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION MErcy VIIIA	Thomas Run Road YES NO
		ochary DEATH SUNE 21, 1960
	WIDOWED DIVORCED	DATE OF BIRTH STATE OF BIRTH STATE OF S
1	10a USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) TEACHET Teacher	Hank Co., Maryland U.S.A.
	John Lochary	Mary Wilson
	Yes, no, or unknown) I lift yes once wor or doles of service)	John P. Lahary Baltimore 6, maryland
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I or Port II af item 18.) CE OF INJURY (Home, farm, 20f (City or town) (County) (State)
	p. m. 19 of work of wark	ory, street, office bldg., etc.)
	21 I certify that (I) (this hospital) attended the deceased fram- saw the deceased alive an	attending / MED STAFF 19.00 that (I) (we) last eath accurred at MAM, from the causes and on the date stated above
	22c/PHYSICIAN'S John R. Davis, M.D.	22d. ADDRESS 401-0> Medical (MS)
	230 BUR AL, CREMATION 236 DATE THEREOF 23c. NAME OF CEMETERY OR TOUR A STREET ST. 1960 St. Ignatius	Emetery Helory, Horrico, Marylgod
	Truch W. Frier BEL Air Marriand	DATE JUN 2 4 '60 Chilling & Kraus

TO MOSPIT.

TO HOSPIT.

By the hasp toll ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bund-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, withing 2 mays after death.

VR AIS (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item I FilmG264 6-13-60 et CERTIFICATE OF DEATH Reg. Dist. No. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY filed a STATE **b** COUNTY MARYLAND b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN Th c. CITY OR TOWN All autside corporate limits, write RURAL and give nearest town) RURADand give hearest tawn) D d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE OR INSTITUTION ON A FARM? Private home YES THO T NAME OF First Middle DATE Last DECEASED OF (Type or print) DEATH 19 6 COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B DATE OF BIRTH lost birthday) Months Days Hours WIDOWED | DIVORCED [ä 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) 13. FATHER'S NAME W. MOTHER'S MAIDEN NAME TS. WAS DECEASED EVER IN U. SCARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT [II yes, give wor or dates of service] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise la immediate DUE TO couse (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPS) PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at work al work p. m. 21. I certify that I attended the deceased from 6- 2-19 60 , that I lost sow the deceased , and that death occurred at 5.50 P. M. from the causes and on the date stated above. olive on **DATE SIGNED** NAME (Type) FUNER 220 BURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) page EMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJUN Orthur S. Krays T5M 10/57

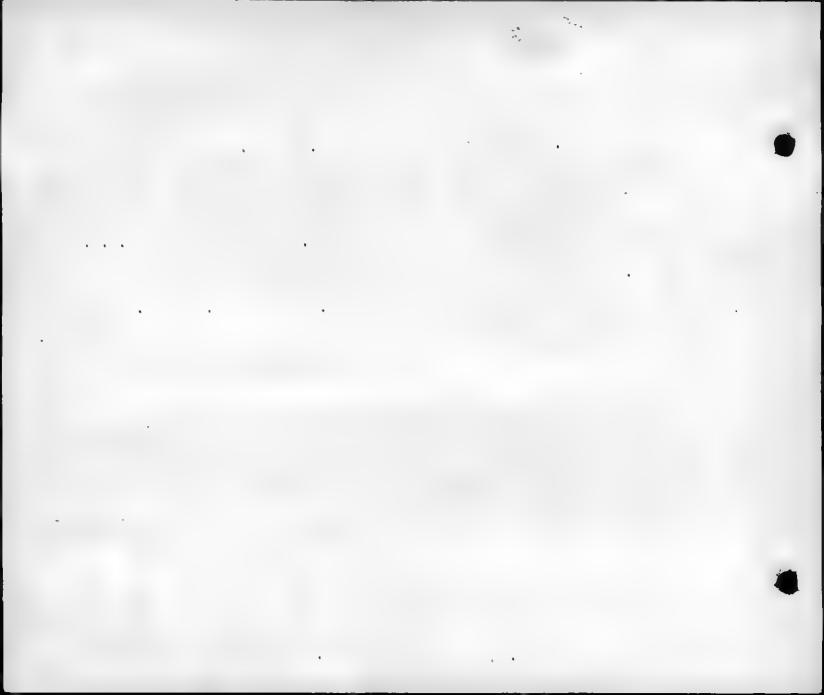


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Y K		13	[0]	
TO HOSPITATE ATTENDING PHYSICIAN: The low requires t	M	TO FUNERAL DIRECTOR: After this certificate has been signed to	74	

6695 CERTIFICATE	E OF DEATH	6654
1. PLACE OF DEATH a. COUNTY Baltimone b. CITY OR TOWN (If autside garparate limits, write c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY COUNTY COU	5 .
RURAL and give nearest styn) At more (4)	Rural (Bultinone)	e noutes town)
or Institution 4,7 5.52nd Street	d STREET ADDRESS 437 S. 52nd St.	e IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print) John Michael L	Lost 4. DATE Month OF DEATH June	Day Year 78 180
male White WIDOWED DIVORCED	8/10/98 lost birthday) Manths D	YEAR IF UNDER 24 HRS ays Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Soiler Maker (retired) Oil	Del. U.S.	N OF WHAT COUNTRY?
XXXXX B. Lorden	14. MOTHER'S MAIDEN NAME Annastastia Keenan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFO	ormant Address sie M. Lorden 437 S. 52nd St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	of Prostate &	INTERVAL BETWEEN ONSET AND DEATH 2 3 5 -
Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause last. (b)	(etastases to 1.2015	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20d. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH IIF ETHER. NOTIFY MEDICAL EXAMINER	OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I	(o) 19 WAS AUTOPSY PERFORMED? YES NO 13
	(Enter nature of injury in Part I ar Part II of item 18)	
	E OF INJURY (Hame, farm, 20f. (City or lawn) (Carry, street, office bldg., etc.)	unty) (State
21 1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an		that (I) (wet asidate stated above.
220 SIGNATURE anula Pole Loon M.C	D. ATTENDING MED. STAFF PHYS.	22b DATE SIGNED
NAME TO WEL P DE LEON M.D	22d. ADDRESS 7840 Fasten Cur-	Button 11,
230 BURIAL CREMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR C REMOVAL (Specify) Burial Tune 22, 1960 Oak Lawn Com-	CREMATORY 23d. LOCATION (City, town, or county) Baltimone, Maryle	and (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND COMPANDE St., Lohn A. Monan 3000 E. Baltimone St.,	Balto. DATE JUN 22'60 Cithur S.	



Reg. Dist. No.

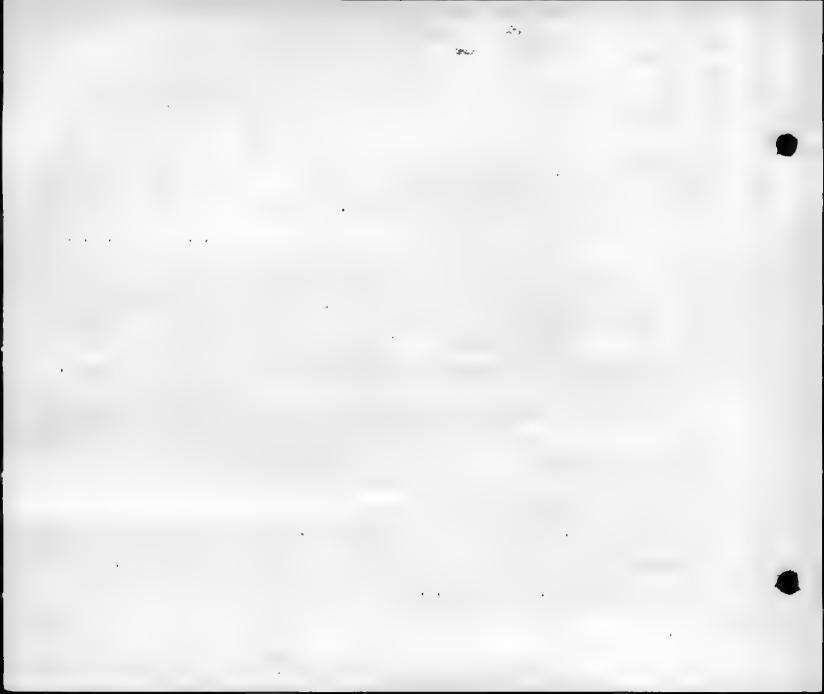
51.5 TO HOSPIT ATTENDING PHYSICIAN: The law requires that the desth merificate bit exacuted within 24 has after death. Page 4	as been signed by the attending physician and compared tilled in by the funeral director, ial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with naval, and in any event within 72 haurs after death.	
5 TO HOSPIT ATTENDING PHYSICIAN: The law requires that the denth mertification than the contraction physician	poge 3 shauld be detached for use as the burial-transit permit. Then please remove carbon parers the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.	

offer death. Page 4

1	PLACE OF DEATH o. COUNTY	Baltimor	_	MARY	LAND	2 USUAL RESIDENCE o. STATE Mary			lived. If in			timo	
	b CITY OR TOWN (II RURAL and give no	auts de corporate limi		c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (1f o	utside corpo	rote limits, w	rite Ri	URAL ond	Bive nec	arest fown)
L		illerton AL (If not in hospital, g		t oddress)		d STREET ADDR	ESS						e IS RESIDENCE ON A FARM?
	4232	Overton	ve.			<u>L232</u>	7O	rerton	Ave.				YES NO X
3.	NAME OF DECEASED (Type or print)	Fi: T.1711		Middle		Lucy		4. DATE OF DEATH		Mon	th ine	Do	Year 1960
5	SEX	6 COLOR OR RACE		RIEDT NEVER MARRIE	рП	B. DATE OF BIRTH			9. AGE (In)	eqrs.		1 YEAR	IF UNDER 24 HRS
	Female	White	WIDOW			May 8, 1	1899)	lost birtho	day) yrs	Months	Days	Haurs Min
10	d. USUAL OCCUPATIO	N (Give kind of work	dane 10b	KIND OF BUSINESS OF	R INDU	TRY 11 BIRTHPLACE	(State	or foreign co	ountry)		12 CIT.	ZEN O	WHAT COUNTRY
L	House			At Home		Ba	al ti	more,	Md.				USA
113	. FATHER'S NAME					14. MOTHER'S MAI	IDEN N	AME					
L			ook				Mary	7 Smi	th				
15		R IN U. S. ARMED FOR		. SOCIAL SECURITY NO.	. 19	NFORMANT	*			Addr	ress		
	No			None	Mr	Raymond	F.	Lucy	1,232	0v	erton	Ave	9 •
7	Canditions, if all gave rise to in couse (a), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mediate the under- (c)		me for (o), (b), and (c)]	ua se	of the 1	Bu	est .	there	9		5/	ERVAL BETWEEN
CATION	PART II. OTH	ER SIGNIFICANT CON	DIT ONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERM	NAL DISEAS	E COMDITIO	N GIV	EN IN PAR	T 1(a)	PERFORMED?
CERTIFIC		5 UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DE	SCRIBE HOW INJURY OF	CURRE	CEnter nature of inju	ury in f	Part I or Par	t II of item II	B.)			13 10
MEDICAL	20c TIME OF INJUR Hour o. m. p. m	Y Month, Day, Ye	While			ACE OF INJURY (Home tary, street, affice bld			or lown)		{	Caunty)	(Stote
	actual SIGNATURE U PHYSICIAN'S NAME (Type)	at lattended the	l h	o on that	Roll.	, 1956, to accurred at 1 3	OF	ADDRESS (5)	the cause treet, city or	s an	d an the		DATE SIGNE
122	BURIAL, CREMAT O REMOVAL (Specify)			· ·		R CREMATORY			TION (City, to			ے	(Stote)
23	Purial FUNERAL DIRECTOR	6-7-1960 S SIGNATURE		ADDRESS	karo		REC'	D BY REGIST	RAR 245		STRAR'S SI	GNATH	RE
1	make T	Temesal A	my	94016	3.1	in Roll DA	TE J	UN 7	60	a	when a	s. The	nil A



director attending properties of within 72 l page 0 VS A15 (4) 1SM 10/57



pfter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6698 CERTIFICATE OF DEATH

Reg. Dist. 0657

1 PLACE OF DEATH a. COUNTY	70 - 7 1 4	MARYLAND	2. USUAL RESIDENCE (V	Where deceased	lived. If instituti		efore admiss	ion)
	Baltimore		r.a.			Baltir	lore	
RURAL and give i		e c LENGTH OF STAY IN 16	c. CITY OR TOWN (I	,		URAL and give r	nearest town	1)
	iresville		Pikesv	ille 8	, Md.			
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give stre	eet oddress)	d STREET ADDRESS				e. IS RES	FARM?
	Private he	ome	1115 121	<u>luide</u>	410.			NOD
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mor	ith	Day '	Year
(Type or print)	John	Thrain	Mallemoe	DEATH	Jimo	13.		19 (
S SEX	6. COLOR OR RACE 7. M	ARRIED MEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)			
1.15	Ting Wide	OWED DIVORCED	11 71 50gi	10	yrs.	Months Doy:	s Hours	Min
100. JSUAL OCCUPATI	ION (Give kind of work done 1	Ob. KIND OF BUSINESS OF INDI	STRY, 11 BIRTHPLACE (Sto	te or foreign co	unity)	12 CITIZEN	OF WHAT C	OUNTRY
during most of wo	rking life, even if retired)	C Lather		×2.	*	T 15		
13. FATHER'S NAME	EL	Levilled all telles	14. MOTHER'S MAIDEN	NAME	ili a	Jak	J a 23 a	
	271 4 1 2 4 21	79			*			
John		Lonee	Eliza	Anne	Buckin	and the said		
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO	INFORMANT		i Ago	SE O A TT	1000	AALA
* * Y ~	J. Card	مدا المدادة	S.A. Ludia	ini C.	30,115	ر جے ۔ سا	. D	211
18. CAUSE OF DE	ATH [Enter only one couse pe	r line for (o), (b), and (c).	1				NTERVAL BE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	C_{i}	hronic	Muso	cardix	15		15.
1117	DUE TO			1			1	
Conditions, if	San Variable V	0	Abelianda	Seler	-1:20-		541	5.
gove rise to	immediate (Dus 70	Ψ.	or vigary	20/0/	0013		~/	
couse (a), stating			A-A-15	Novas	-15		5 4%	5
<u> </u>	_ / (~)	IC CONTROLLING TO DEATH BU	T NOT BELLITED TO THE TER	MAIAL DISSASS	COMPLETOR CE	(FALAR) 0 4 DT 3/-	19. WAS .	ALITOREV
PARTITO	IPER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	I NOI KELAIED TO THE TEK	WINAL DISEASE	CONDITION GIV	PEN IN PARE 1(0)	PERFO	RMED?
₫							YES [NO K
∠ I OR CONTRIBUTING	/AS UNDERLYING ☐ 20b. [G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Port I or Port	II of item 18.)			
			LACE OF INJURY (Home fo		or town)	(Count	ly)	(Stote
Hour o. m.	10	ile Not while	octory, street, office bldg , e	rfc.)				
		n ^	<i>p</i> ->		17/2 11			
21. I certify t	hat I attended the dece			June	15_, 1960	,that I last s	aw the d	lecease
alive an	MHG 12"	and that deat	h accurred at 4.30					
	1	2011		ADDRESS (Sh	reet, city or town,	stole)	DAT	TE SIGNE
ACTUAL SIGNATURE	Ruce H. IN	MUST MAIN	M.D / 3	31 R	Rister	STOWNK	1. 61	1416
PHYSICIAN		101 '11 10 x		010	.1/-	-	- (/
NAME (Type)	James Ai	Miller M. I	2	TIBE	2541/16	-0.12	19.	
	ON, 226 DATE THEREOF	22c NAME OF CEMETERY	OR CREMATORY	22d LOCAT	ION (City, Iown,	or county)	(Stot	le)
REMOVAL (Specifi	June 15.1	960 00 00 51	, i pomotor	J F.	357111	9 0 1.		
23. FUNERAL DIRECTO	100000000000000000000000000000000000000	ADDRESS /		C'D BY REGISTI		STRAR'S SIGNAT		
17 14 14	12 21 1/2	000111.16.		JUN 2 2 '6		rthur 8 to		
Jana 1	17: / Sleson	of A : Wall love	DATE 1	anu er c	10	runny d. Ti	taids	

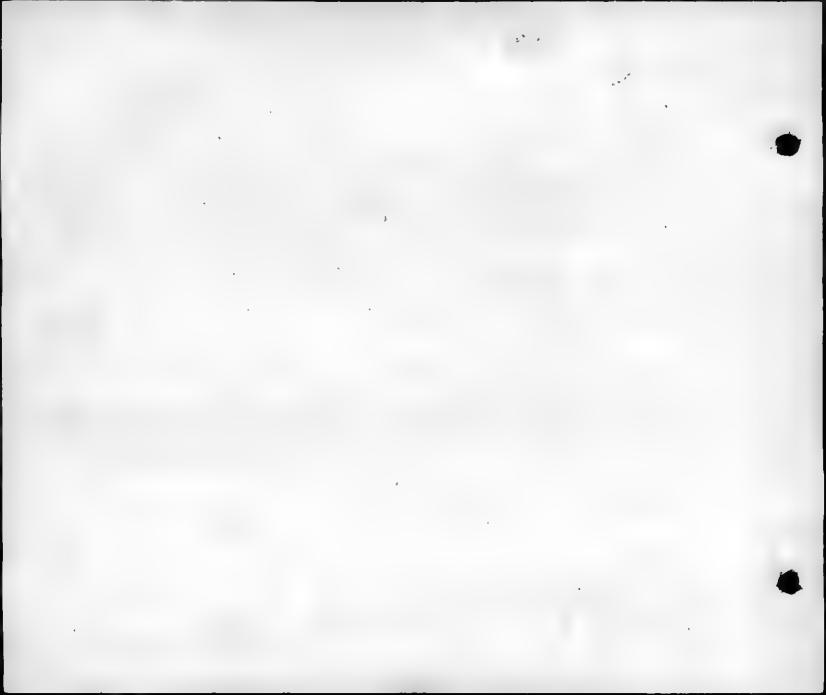
TO HOSPITATE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be reflect by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burnal-transit permit. Then please remays corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 fours after death.

VS A1S (4) 1SM 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 06659 CERTIFICATE OF DEATH director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived (f institution Residence before-edmission) filed o. COUNTY g. STATE b. COUNTY MARYLAND eral b. CITY ORNOWN (foutside corporate limits, write RUBAL and give notices town) c. LENGTH OF STAY IN 16 (if outside carporate limits, write RURAL and give nearest town) plo d. NAME OF HOSPITAL (If not up haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? b YES NO 2 NAME OF First Middle Year Day filled f DECEASED OF DEATH 1960 (Type or print) Ne IF JNDER I YEAR IF JNDER 24 HRS S SEX COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED lost-birthday) Months Days offer WIDOWED [yrs. papers campl 10a. USUAL OCCUPATION (Give kind of work done 10b 12 CITIZEN OF WHAT COUNTRY? ng most of working life, ever if retired) puo _ 17. INFORMAN 16. SOCIAL SECURITY NO CAUSE OF DEATH [Enter only one couse per ine for (a), (b), and (c) NTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY dece IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of 'tem 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) Day, Year (County) foctory, street, office bldg., etc.) Hour p. m. While Not while of work of work p. m. 19.64, that (I) (we) lost 21 | certify that (1) (this haspital) attended the deceased fram. ed sow the deceosed alive an , and that death occurred at the couses and on the date stated above DIRECTOR: 22b, DATE ATTENDING PHYS. þe M.D. 22c PHYSICIAN'S 22d ADDRESS NAME (Type: FUNERAL es DATE THEREOF BAMBIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, Jawn, or county) MOVA. (Spec fyy 0 250 REC'D BY REG STRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE 15M 9759



06659

Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO Year UNE 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH eRUSCLERUSIS 19. WAS AUTOPSY PERFORMED? YES NO D

196 That I last saw the deceased A, from the causes and on the date stated obove.

(State) 24b. REGISTRAR'S SIGNATURE

(County)

(State)

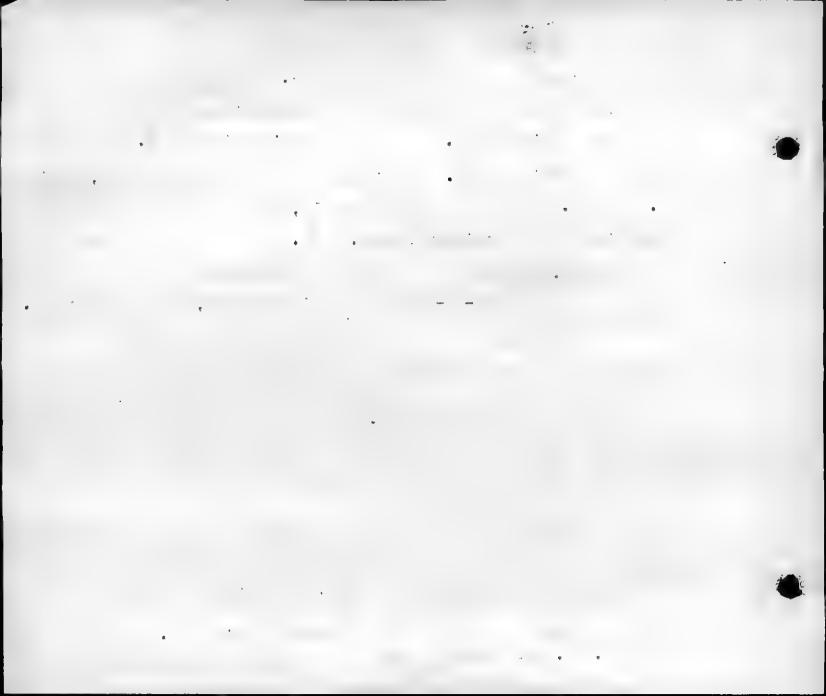
DATE

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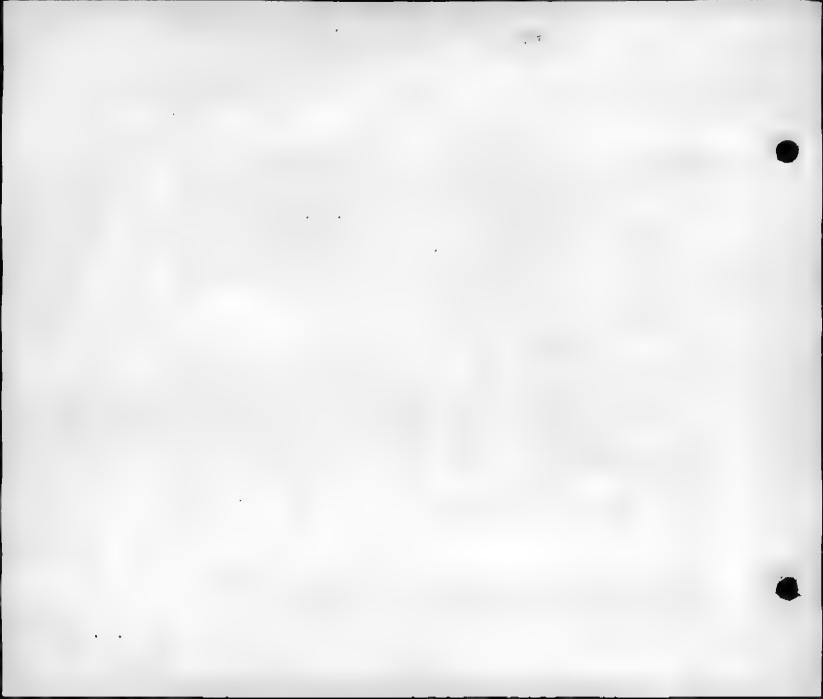


MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH tem 4 F1 1 52 5 6-22-60 et FALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss and p. COUNTY Files. **b.** COUNTY MARYLAND Raltimore b. CITY OR TOWN Loutside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mils, write RURA, and a ve nearest town) 45 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 6810 Conley Street YES NO F none 3. NAME OF First Middle. 4. DATE Year DECEASED (Type or print) DEATH DON ALL 5 SEX 6. COLOR OR RACE 7 MARRIED TY NEVER MARRIED THE DATE OF BIRTH P. AGE (In years IF UNDER TYEAR Months Hours Min Male White WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) West Virginia Painter Auto mfg. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Berlin McDonald Minnie Allan Messenger form 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (If yes, give war or dates of service) Wallace Whetsell 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERNAL BETWEE . PART I. DEATH WAS CAUSED BY: ROWNING IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o) stoling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO C 20g. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port t or Port II of Item 18) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. DROWNE Ne Dowly s OTS - Mo. i) Middle Klong. Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1201/1City or lown) JUN 2116 19 60 of work of work B Middle factory, street, office bidg., etc.) Moway15 (21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection [1]: Inquiry [2]. opinion death resulted fram: Natural causes ... Accident ... Suicide ..., Hamicide ..., Undetermined manner DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Greenlief Funeral Home Parsons County, W. Va. 0 Removal 23 FUNERAL DIRECTORS SIGNATURE ADDRESS 240. REC'D BY REGISTRAT 24b. REGISTRAR'S SIGNATURE V5. A15ME www.1407 Eastern Avenue Calhur S. Kraus DATEJUN 2 0 '60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11600 0'3'TT CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a COUNTY a. STATE b. COUNTY MARYLAND CITY ORXIOWN (If autside corporate imits, write c. LENGTH OF STAY IN 16 OR TOWN (If autside corparate limits, write RURAL and give nearest town) RUR# and give speest lawn d NAME OF HOSPITAL (If not in haspital give street laddress) OR JASTITUTION TOURS 0 NAME OF Middle DATE ed DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) WIDOWED D DIVORCED | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store during most of working life even if retired) JALESHAN New York . N. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1960B FBECCA IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate è **DUE TO** cause (a), stating the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/01/19. WAS AUTOPSY 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour a. m. While Nat while at wark at wark p. m. 21. I certify that I attended the deceased fram 19.04.that I last saw the deceased toched , and that death accurred at 2.25 f.M. from the causes and an the date stated above. DIRECTOR: ACTUAL SIGNATURE 3 shauld PHYSICIAN'S FUNERAL NAME (Type)_

Reg. Dist. No.

Months

Days

e. IS RESIDENCE

ON A FARM?

YES NO NO

Yeor

19

Haurs

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES T

(State)

Christing & Thomas

NO [

(Stole

35-000

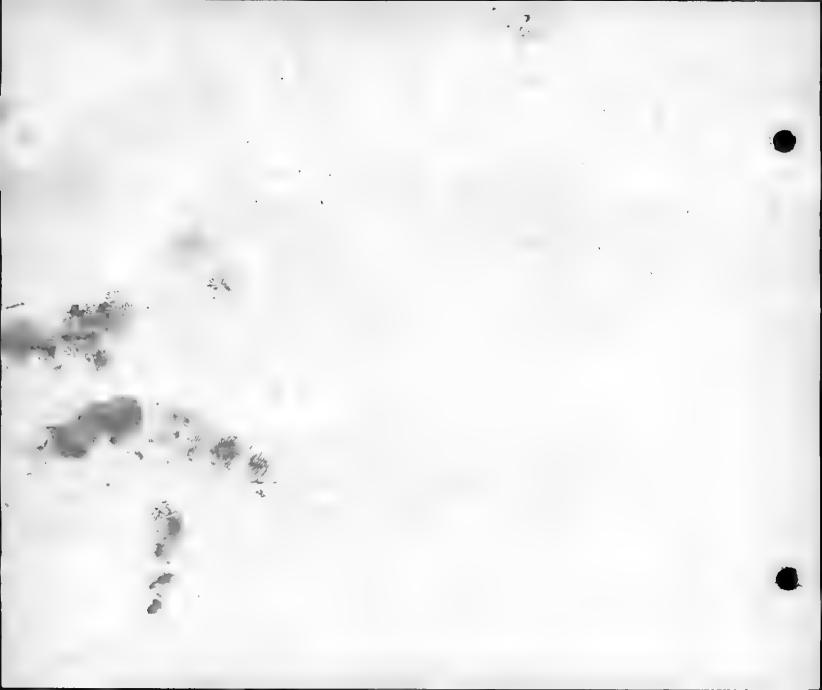
12 CITIZEN OF WHAT COUNTRY?

220 BURIAL, CREMATION. 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY BURIAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

DATE

0 VS A1S (4) 1SM 9/58

page



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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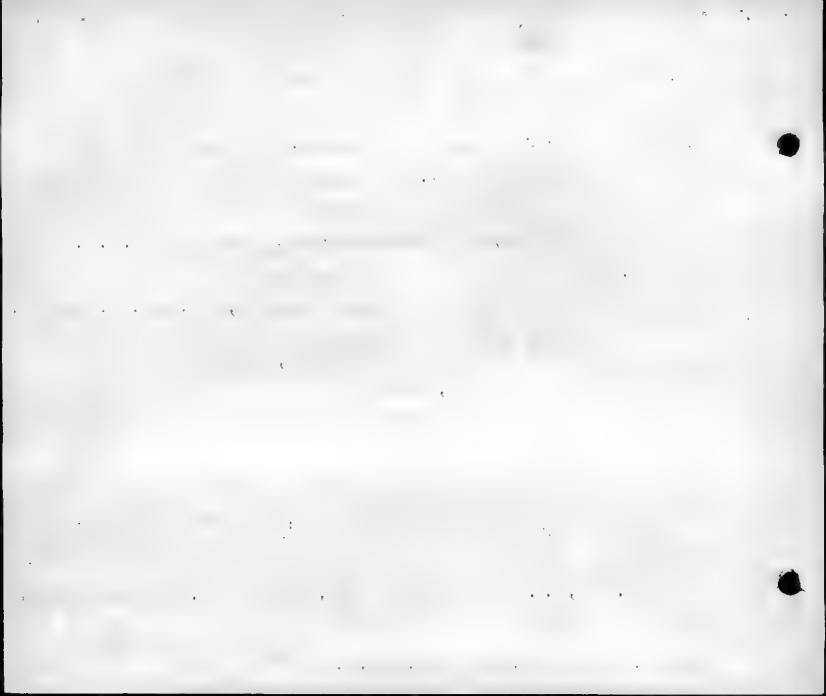
	D. COUNTY Baltimore		MARYL	AND 0	SUAL RESIDENCE (W STATE Maryland		If institution: Resi COUNTY	dence before odr	mission)			
	b. CITY OR TOWN (If autside carporate I RURAL and give nearest fown)		LENGTH OF STAY I	IN 1b c	CITY OR TOWN (If	autside corporate lim		nd give nearest to	own)			
	Fort Howard		2 Days		Baltimore (12)							
,	d. NAME OF HOSPITAL (If not in hospital OR NST TUTION	, give street addr	ess)	6	STREET ADDRESS		RESIDENCE A FARM?					
2	Veterans Administra	tion Hos	pital		5104 St. G	eorge Ave	nue	YES	□ NO 🔀			
	3. NAME OF	First	Middle		Last	4. DATE	Manth	Day	Year			
	DECEASED (Type or print) ALIBI	RT	J.	M	ERRILL.	OF DEATH JU	ne	15	19 60			
	S SEX 6 COLOR OR RAC		NEVER MARRIE	-	TE OF BIRTH	9 AGI	(In years IF UN	DER TYEAR IF UN	NDER 24 HRS			
	Male White	WIDOWED	_		ecember 1,	1886 73	b rthdoy) Monti	hs Doys Hau	irs Min			
	100 USUAL OCCUPATION (Give kind of waduring most of working life, even if retir	k dane 10b KINE	O OF BUSINESS OF	R INDUSTRY	11 BIRTHPLACE (Slote	ar foreign cauntry)	12	CIT ZEN OF WHA	T COUNTRY?			
	Postal Clerk- Unemp	oved ed	eral Gove	rnment	Hartford.	Connecti	cut 1	U. S. A.				
	13. FATHER'S NAME	7 1 7			MOTHER'S MAIDEN			V.SX.SX.S.				
	Samuel D. Merrill			E	dith Stets	ດກ						
	15 WAS DECEASED EVER N U S ARMED F		IAL SECURITY NO	17, INFORM			Address					
	(Yes no or unknown) (If yes, give war ar dates WW I	NOI	ne	Clini	cal Record	e WAH Del	to 18 MA	De Have	owd Dr.			
	18. CAUSE OF DEATH Enter only one				Car Necold	e , vall par	CO a LO PRIL		ard Div			
	PART I, DEATH WAS CAUSED BY	PART I. DEATH WAS CAUSED BY										
	IMMEDIATE CAUSE	(o) ARTER	LOSCLEROT	IC_HEAD	RT DISEASE	AND		UNKN	OWI			
	DARK	ACOIE HEMORRHAGIC TIEOCOLITIS, NON SPECIFIC RECENT										
	Canditions, if any, which	nove rise to immediate										
	couse (a), stating the under PASSE EMPHYSEMA, MARKED UNKNOWN											
	lying cause last.											
	PART II. OTHER SIGNIFICANT CO	NDITIONS CONT	TRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE CON	TION GIVEN N	PART 1(a) 19 W	AS AUTOPSY REORMED?			
	CAT								D NO			
	OR CONTRIBUTING CAUSE OF DEAT	20b. DESCRIBI	E HOW INJURY OF	CCURRED (Ent	er noture of injury in	Port I ar Part II af it	tem 18)					
	ZOC. TIME OF NJURY Month, Day, Hour o. m. p. m	While	Nat while		F INJURY (Home, farn street, affice bldg., etc		n)	(County)	(State)			
	₩ p. m	at work										
	21 I certify that () (this haspi	al) attended	the deceased	from June	3 6.19	60 to June	2 15 1	960. that st) (we) last			
-	saw the deceased alive an J				accurred at .p.							
ì	220 S GNATURE	`			*				22b, DATE			
	101 00 100	100 - 10. 6 -00					M D ATTENDING MED. STAFF PHYS A 6/16/60					
	22c PHYSICIAN'S											
	CLYDE B. COPE, M.I				VAH, BALTE	MORE 18, MI	FORT F	HOWARD D	IVISION			
									Stote)			
	BUTTO SPECIFY 5 LOS		arkwood			Baltimon		Maryla	_			
	24 FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		25g PEC	D BY PEG STRAR	25h REGISTRAR'S	SSIGNATURE	14.50			
	Henry W. Jenkins & S	on 4005	Vonk Dd 1	Del+a 1	DATE	N 1 7 '60	La Contract of	I. Thomas				

TO HOSPIT. REATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 har after death. Page 4 may be read by the hospital or attenting physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 3 should be detached for use as the buriof-transit permit. Then please remay carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriaf, cremation, or remayof, and is only event, within 72 haurs ofter death.

VR A15 (4) 1SM 9/59

90%



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ha

TO HOSPITA

VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6705 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

Reg. 66.555

									
1. PLACE OF DEATH a COUNTY	Balti	more	MARYLAND	2. USUAL RESIDENCE (Mo. STATE		lived. If instituti b. COUNTY			mission)
b CITY OR TOWN (I RURAL and give no	autside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corpo	rote rimits, write R	Baltin URAL ond give		lown)
d. NAME OF HOSPIT OR INSTITUTION	Middle R	ive street		d. STREET ADDRESS	_ea				RESIDENCE N A FARM?
	335 South	easte	ern Terrace	316_	Dale	Ave		YES	NO [A]
3. NAME OF DECEASED (Type or print)	Fir M	st arie	Middle	Miller	4. DATE OF DEATH	Mor		Day	Yeor 19 60
5 SEX	6 COLOR OR RACE	7 MARE	HED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER TY		
Female	White	WIDOWI	ED DIVORCED	Sept. 29, 1		lost birthday) 52 yrs	Manths Do	зуз Но	urs Min.
10a. USUAL OCCUPATION during most of work Operator 13. FATHER'S NAME	N (Give kind of work ing life, even if retired	done 10b.	rind of Business or inde Telephone	Bal to.	Co. M		12. CITIZEI		atcountry USA
				14. MOTHER'S MAIDEN					
	ob A. Seid				iet M.	German			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR if yes, give wor or dates of a		SOCIAL SECURITY NO.	INFORMANT		Add	ress		
No		21	.2-10-0769 M	r. Frederick	E. Mil	ler_316	Dale A	ve.	
Conditions, if digove rise to it cause (a), stating lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO The under- In	, A	ne for (a) (b), ond (c),] Metastas Parcinco	na of l	cm	rus		ONSET A	L BETWEEN ND DEATH
icatic			CONTRIBUTING TO DEATH BU				EN IN PART I	PE	REORMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury is	n Part I or Par	t II of item 18.)			
20c. TIME OF INJUR Hour o m. p.m.	19	White at war	k of wark	LACE Of INJURY (Home, far actory, street, office bldg , e	tc)	Ph L	- (Cor	.nly)	(State
11	at I attended the	deceas	ed fram Feb				Ahat I last		
alive an	NANEZ Z	ه ۱۶ <u>۳</u>	and that deat	h accurred at 1.081		the causes and real, city or lawn,			ITED ODOVE
ACTUAL SIGNATURE	Jesep	h.	Mucel	M.D. 108	0 1	untor	ane	6	1216
PHYSICIAN'S NAME (Type)	DOSER	H	MICELI	M.D.	Bi	1 Kine	2,21	3	lud
220 BURIAL, CREMATIO REMOVAL (Specify) PULLI AL.	6-24-1960		22c NAME OF CEMETERY		22d. LOCAT	TION (City, town,	. 7	((state)
23, FUNERAL DIRECTOR	1 -/ 0	,	ADDRESS A		C'D BY REGIST	Raltimor	STRAR'S SIGN	ATURE	
to a color of	11	015	nuis Pal-		IN 22'6		Lug 8. 16		



N. Carlotte	>	1	1
H	FOR	ST	ATE DEPT.
cessory, please	or files.		M)
90.70	execute the Chief Medical Examines. Office along with form PM3, 10, only be reformed for the Chief Medical Examines. Office along with form PM3, Poge 5 may be reformed for your files. Fishered Dispersor, which he should be used on a burini-transity permit File pages 1, and 2 with the State Board of Health.		7.
y delo	oe retoir	ter death	
oth. If a	5 may t	hours of	
TO DEPUTY TO CELL BELWIER: This certificate should be presented within 24 hours ofter death, 15 any deloy	riscie, writing free word perioding in period in tem, to. Olive rages 1, 2, ontwo to direct condessors and of the condessors and the condessors and the condessors and the condessors are retained to the condessors and the condessors are retained to	its designated agent, prior to beriol, cremotion, or removal, and in any events with 72 hours after death.	
24 hours	h form P.	Se Am	
ad within	along wit	and in a	
	Office of	removal.	
should	ng in p cominer's or o ber	han, or	4
certificate	edical Eyend	ol, cremo	*
ER: This o	Chief M	to berio	
W	ed to the	int, prior	
DICE	forwarde DIRECTO	ated age	M 48
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TO DE	4 sh	0.1	

VS A15ME 5M 2 'S7

MARYLAND S	TATE	DEPARTMEN	NT OF	HEALTH-	-BAI	TIMORE,	18
6 MEDICAL	. EX	AMINER'S	CERT	IFICATE	OF	DEATH	R

	6 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	og. Dist. No.
	COUNTY 137 10 . MARYLAND	2 USUAL RESIDENCE (Where deceased lived II institution o STATE / b COUNTY	Residence before admission)
. b	CITY OR TOWN (1 outside corporate winds, wire BUPA) C LENGTH OF STAY IN 16 and give recircal found	c. CITY OR TOWN (II outs de corporate timits, write RUR)	de salata esta de la composición della composici
d	NAME OF HOSTITAL OR INSTITUTION (If not in haspita, give street address)	Middlebough (21)	IS REUD NE ON A FARM?
	NAME OF First Middle	Lost 4. DATE Month	Doy Year
5. S	EX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 18	DATE OF BIRTH 9 AGE (in years IFU	NOER TYPE IF UNDER 24 HPS.
		for his house the second secon	nths Doys Hours Min
10o	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST uring most of working life, even if retired)		2 CITIZEN OF WHAT COUNTRY?
	Painter Auto Mfg.	N. C	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Auel Mitchell	Carrie Merdith	
15. JYm,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 M Yes Korean Action 226-30-1586	FORMANT Address Evelyn Mitchell Same	
	18 CAUSE OF DEATH [Enter only one couse pentine for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. (c) (c)		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO.21
	CAUSE OF DEATH.	3	NENOUNTE
MEDICAL	Classical designation of the state of the st	CE OF INJURY (Home, farm, 20% (City or tawn) Dip, street, affice bidg., etc.) ALE KINCH JOSEPH JOS	· 20 · Bath 7121
	21. I certify that I took charge of the remains described abo		nquiry und in my
	opinion death resulted from: Natural couses []. Accident [Q. Suicide [], Hamicide [], Undetermin	ned manner 🔲
	ACTUAL SIGNATURE PM DAVIS MD.	_M D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []	DATE SIGNED
270	NAME (Type) P. D. DOVES PILLS . BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, Iown, or co	unity) (State)
	REMOVAL (Specily)		yland _
1.3	James Bruzdziński 1407 Eastern Ave.	DATE Chilm	1 S. Thank



	6703	CERTIFIC	ATE OF DEATI	Н		Reg. Dist. No.	EU A
a. COUNTY	Baltimore	MARYLAND	2 USUAL RESIDENCE (W. o. STATE	, b.	If institution COUNTY	Residence befor	e admission)
	I (If outside corporate limits, neafest town)		COLTY OR TOWN HE	•	ts, write RUR	AL and give nea	rest fown)
d NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give		d. STREET ADDRESS	cker Ave.			ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	Vincent	Middle J.	Mone	4 DATE OF DEATH	Month	e 15	Year 19 0 U
s. sex Male	175.5	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH March 25, 7	903 9. AGE lost b	(In years III		Hours Min.
during most of w	TION (Give kind of work don orking life, even if retired)	Automobile		or foreign country)		12. CITIZEN O	S. A.
3. FATHER'S NAME Salvadon	e Mone		14 MOTHER'S MAIDEN	NAME Padovana			
15 WAS DECEASED E [Yes, ne or unknown]	VER IN U. S. ARMED FORCES	4)	INFORMANT Ins Attilia M	Mone 502	S. De		e.
Conditions, if gove rise to cause (a), static lying cause last	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any, which immediate and the under.	per tine far (a), (b), and (c).]	Earof lu	The state of the s		INTE	RVAL BETWEEN ET AND DEATH
200. ACCIDENT		ONS CONTRIBUTING TO DEATH BY D. DESCRIBE HOW INJURY OCCUR				N IN PART 1(o) 11	P. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTI	FY MEDICAL EXAMINER) URY Month, Day, Year n.	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, forn factory, street, office bldg., eld	n, 20f. (Cily or lown)	(County)	(Stote)
21. I certify alive an ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	that lattended the di	- b D - 1	2, 192/ ta th accurred at .M.D//	M, from the c	auses an	d an the dot	OATE SIGNE
270 BURIAL CREMA REMOVAL ISPECT	6/20/60	Sacred Hea	nt Cemetery	Baltim	олс	M	(State)
23. FUNERAL DIRECTO	A 44	ADDRESS 0 & Balto St Ba				RAR'S SIGNATUR Chun L. Kun	

John A. Moran 3000 F. Balto. St. Balto.

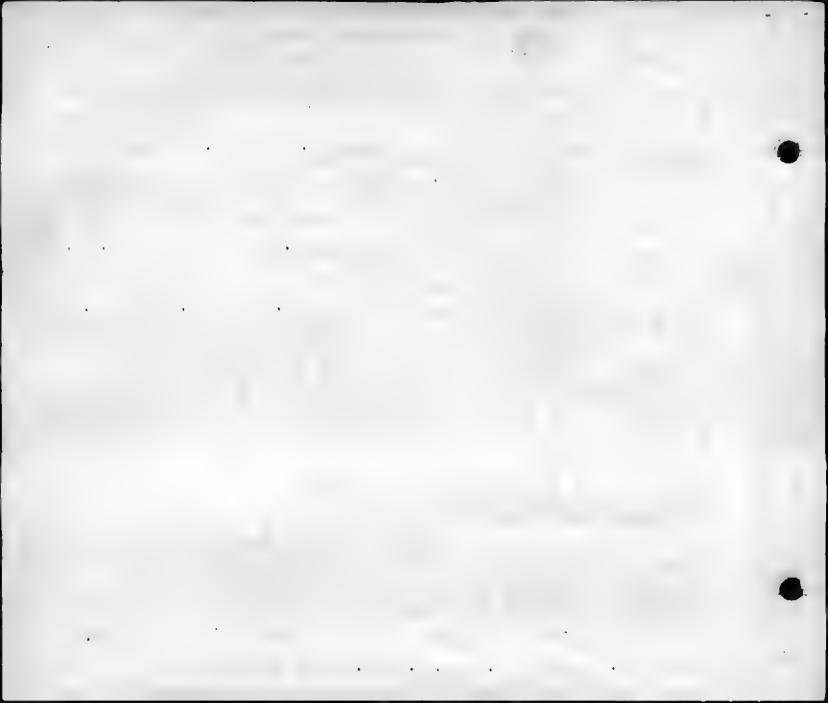
may be that by the hospital ar attending physician.

D. FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove coxpon papers. Pages 1 the registrar priar to burial, cremation, ar removal, and in any event within 72 fours offer death. LITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO FUNER TO HOSPIT

the funeral director, should be filed with

ofter death. Page A

VS A15 (4) 15M 9/55 N



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6709

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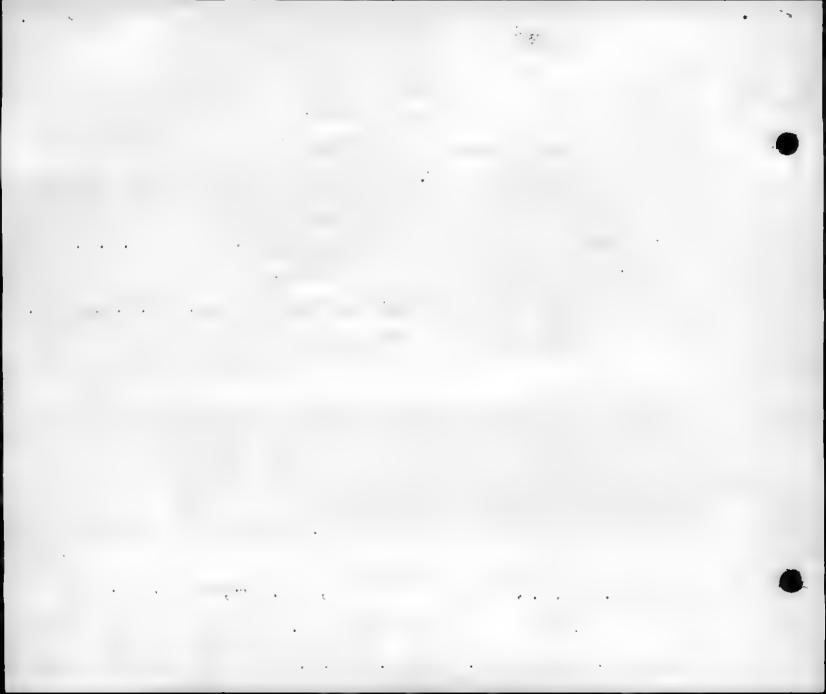
o COL	of DEATH NIY Simore		MARYLAN	ID 0	UAL RESIDENCE (WH STATE ryland	iere decease	d lived. If instituti 6 COUNTY		re before od	mission)	
b. C TY	OR TOWN (If outside corpora LE and give nearest town)	ate limits, write	c LENGTH OF STAY IN 1		CITY OR TOWN (If o	outside corpo	rote limits, write f	URAL ond g	ive nearest	lown)	
	Howard		43 Davs	Ba	ltimore		(16)	2.00	1 "	1 1	
d NAM	NE OF HOSPITAL (If not in hos	pital, give street		đ	STREET ADDRESS				e ts	RESIDENCE N A FARM?	
	rans Administ	ration H	lospital	18	06 Ashburt	on St	reet			S NO	
3. NAME DECEAS	OF SED	First	Middle		Last	4. DATE OF	Mor	ath	Day	Year	
(Type o	r print) WI	LLIAM	H.	M	DRPHIS	DEATH	June	29		1960	
S SEX	6. COLOR OR	RACE 7 MARE	RIED 🔼 NEVER MARRIED [B. DAT	E OF BIRTH		9 AGE (In years last birthday)		Days Ho	Ors Min	
Male	Negro	WIDOW	ED DIVORCED	Ju	ly 2, 1909		50 Yrs	resultitis	Days No	DIS WHI	
10a USUA	L OCCUPATION (Give kind of most of warking life, even if	wark dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY 1	BIRTHPLACE (State		ountry)	12.CITI2	EN OF WH	AT COUNTRY	
	- Attendant		ospital		Chapel Hil	1. N.	Carolina	U.	S. A.		
13. FATHE	R'S NAME	1			MOTHER'S MAIDEN N						
Samu	el Morphis			1	Pattie Cra	ige					
15 WAS E	ECEASED EVER IN U. S. ARME		SOCIAL SECURITY NO. 17	7 INFORM			Add	Iress			
Yes	WW II		20-24-6340 ¢3	linica	al Regords	.VAH.E	Balto.18.	Md .Ft	Howar	d Div.	
18 C	AUSE OF DEATH [Enter only								INTERVA	L BETWEEN	
	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY: CAF	CINOMA OF PA	NCREA	S				ONSET A	MONTHS	
	The second second	DUE TO									
Con	Conditions, if any, which) (b)										
gove	gove rise to immediate (DISTO										
	lying couse lost. Column Column										
Z -	/ (1)										
CATION										REORMED?	
± 20a A	CCIDENT WAS UNDERLYING	□ 206 DES	CRIBE HOW INJURY OCCU	IRRED (Ente	r nature of injury in !	Port I ar Par	t 11 of item 18)		1		
UF EIT	ONTRIBUTING CAUSE OF THER, NOTIFY MEDICAL EXAM	INER)									
₹ 20c TI	ME OF INJURY Month, Do	y, Year 20d I	NJURY OCCURRED 20e.		NJURY (Home, form		or town}	(⊂	ounty)	(State	
20c 11	Hour a.m.	19 While at war	Nat while	ractary, si	reet, affice bldg , etc	1					
	certify that 20) (this ha	emitall attack	dad the deceased fre	Mas	17 10	60 4-1	une 29	1060) Home /	Me (ma) In-	
1 1	the deceased alive and	, ,			1:05 p	At from	the		المالية	ted above	
	IGNATURE /	MG_27	17.UU r and the	or dearn	dccorred orA_	M, Ham	the couses at	na an ine	date sta	22b. DATE	
1 1 '	3					ED RECTOR [STAFF PHYS 🔀			6/3876	
22c. P	HYSICIAN'S	0	t		2d ADDRESS	KECIOK L	113 12			1-110	
1	CLYDE B. COPE,	M.D.			VAH, BALTO	.18 MD	FORT HO	WARD I	IVISI	ON	
23a BURIA	AL, CREMATION, 236 DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREA	NATORY	23d. LOCA	TION (City, town,	or county)		(Stote)	
Buri	OVAL (Specify) 7/2	160	Baltimore 1	Natio	nal Cem.	Bal	timore	28,	Mary:	Land	
24 FUNER	AL DIRECTOR'S SIGNATURE		ADDRE\$5		250 REC'	D BY REGIS	TRAR 256 REG	STRAR'S SIC	MATURE		
Arli	ngton S. Phil	lips1808	N. Monroe S	t. Ba	Lto MO ATE	1 '6		mar 2. 1	Trace		

ter death Page

TO HOSPITY RATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hamony be read to be the haspital or attending physician.

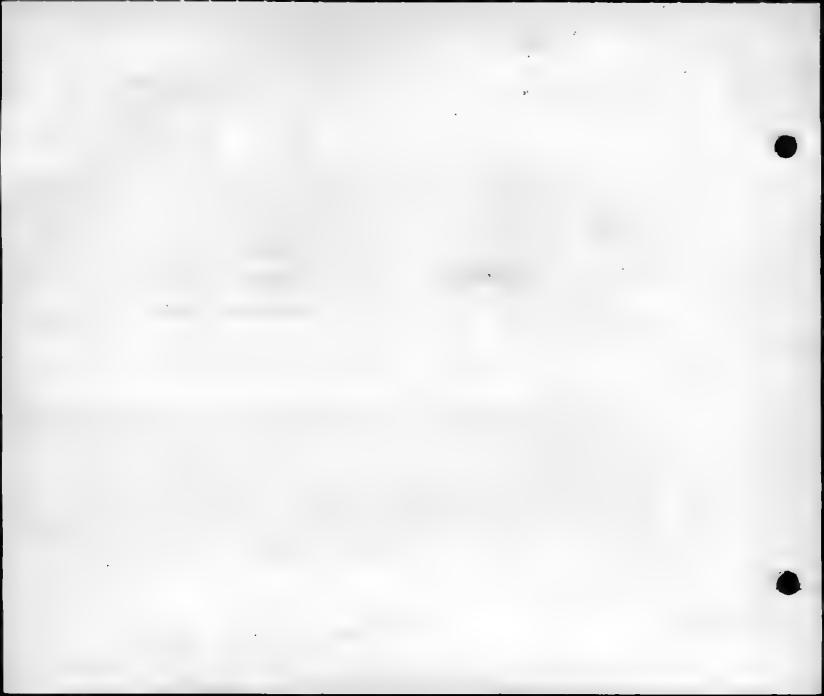
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Expanse 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59



VR A1S (4) 1SM 9/59

	The second secon
1. PLACE OF DEATH O. COUNTY Balking Counte	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest fown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
rund Tarison 29 cays	Balfu 13 3V01.7
d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
- Uxleigh Neusung Mm E	2640 C Haffhan St YES NO DE
3 NAME OF DECEASED (Type or print) Chushine Middle	Mueller 4. DATE Manth Doy Year 23 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost/birthday) Months Days Hours Min.
WIDOWED DIVORCED	2 3 NOV 1283 76 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Balfon in M.D. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME OUGUST BUEHLER	14. MOTHER'S MAIDEN NAME ONKNOWN
15. WAS DECEASEDEVER N U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT // RS Address
No de d	out the thedentons (Jex 3221 ilks buy
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	- sailure ONSET AND DEATH
1 Q 1 A DUE TO	V 0 -
Canditions, if any, which) (b) Caelex	ia and enemia (3 weeks
gave rise to immediate couse (a), stating the under:	3 1 1
lying cause last. (c) let of beads	Ur C gers he sentance 4 Mash S
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of unjury in Part I or Port II of Jerm 18)
20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e. Pl	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
21 I certify that (I) (this hospital) attended the deceased from	May 1960, to 23 un 1960, that (1) (we) last
sow the deceased alive on Do tun 1960, and that	death accurred of PM, from the causes and on the date stated above.
220 SIGNATURE	/ / 22b, DATE
1Rh My Irlander	M.D. PHYS. DIRECTOR PHYS D
120c PHYSICIAN'S NAME (Type) [RVING SCHERLIS	27 d ADDRESS East Read It Beste 2 10.
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 6-27-60 DRUID 17	PIDGE BALTIMORE MD.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
WM COOK-TOWSON-YORKRD-TO	WSONY DATE JUN 27'60 Outling & to
	MO



y is necessary, I director. Page or your files. oard of Health, lo retained he State E may 2 wifl ΰ burial 2 plnor 유 고 고 prior sase execute the certificate, should be forwarded to the PUNERAL DIRECTOR: 1 DEPU 40 %

5M 7/59

EXAMINER CATE OF DEATH P11m6203 b-22-01 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission) e. COUNTY e. STATE b. COUNTY Baltimore Marvland Baltimore MARYLAND b. CIY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporata I m is, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Chesco Park Md. 6

d NAME OF HOSPITAL OR INSTITUTION (if not in possible), give street eddress)
(Chesco Pk. Chesoo Park Md. d. STREET ADDRESS (Chesco Pk a. IS RESIDENCE ON A FARM? Philadelphia Road Philadelphia Road 6 YES NO [3. NAME OF First DATE Middie DECEASED OF (Musil) Musil MUSTAL+ (Type or print) **JEROME** DEATH June 1960 6. COLOR OR RACE AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lest birthday) Months, Deys WIDOWED DIVORCED Aug.14,1898 10e. USUAL OCCUPATION (G va k nd of work , 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Baltimore Md. Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Musil Frances---Clouspa 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) 717-07-8690 Mrs.Mary A.Musil, 2434 Fleet St. 18. CAUSE OF DEATH [Enter only on) cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata cause DUE TO (a), stating the underlying PART II, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY CERTIFICATION PERSORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. 1 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f, [City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (Slete) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 Inspection Inquiry and in my opinion Natural causes X Accident Suicide Homicide Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 3 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER /15/60 EXAMINER'S W. Bradley King, Jr., M.D. Address (Streat, city, town, or county)
LEFEOF 22c. NAME OF CEMETERY OF CREMATORY 22d. TOCATION (CI NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. IOCATION (City, town, or country) (Stelle) REMOVAL (Specify) Balto. Md. Oak Lawn Cem Burial June 14/ 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. AISME 2024 Orleans St. 31 DATE JUN 2 0 '60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 6719 CERTIFICATE OF DEATH

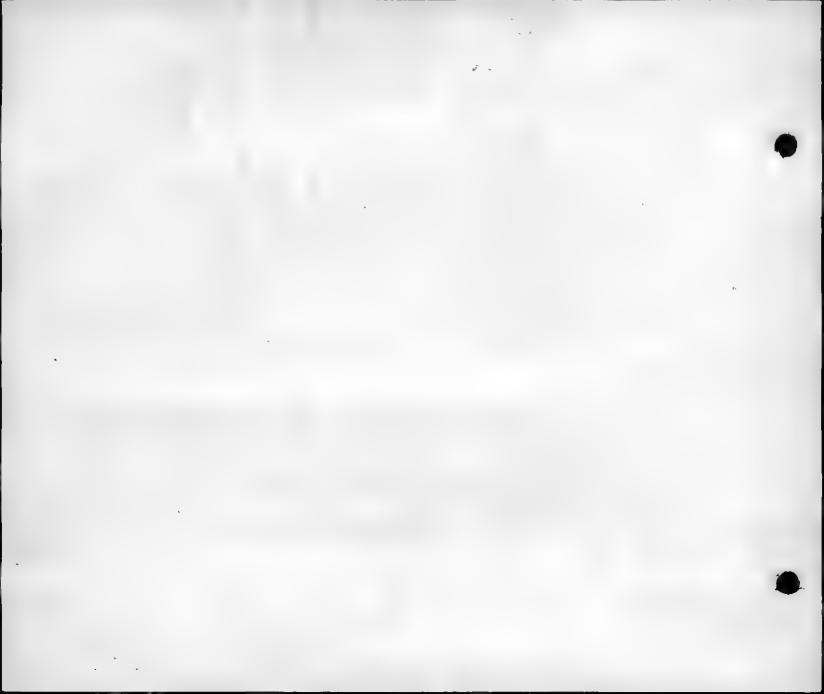
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	Ulia	CERTIFICA	TIE OI DEATH		70010			
PLACE OF DEATH o COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryla:	nere deceased lived If institution b COUNTY	n. Residence befare admission)			
b CITY OR TOWN	(If outs de carporate limits, write nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RL	JRAL and give nearest town)			
Fort Ho	ward	19 Days	Baltimor	e				
OR INSTITUT OF		et address)		102 Walker Ave				
<u>Veteran</u>	<u>s Administratio</u>	n Hospital	X603600088	000/00/00/00/00	YES NO			
. NAME OF DECEASED	First	Middle	Last	4. DATE Mant	h Day Year			
(Type or print)	WALTHER	F.	NEHRENZ SR.	DEATH June	20 1960			
SEX	6 COLOR OR RACE 7 MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HR			
Male	White wood	WED DIVORCED	8/11/96	last birthday) 63 yes	Months Days Haurs Min.			
during most of w	TION (Give kind of work done 10) orking life, even if retired)	b. KIND OF BUSINESS OR IND	USTRY 13 BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF WHAT COUNTRY			
Salesma	n	Insurance	Buffalo,	New York	U.S.A.			
FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
	Henry Nehrenz		Mamie	Soergel				
5 WAS DECEASED ET	VER IN U. S. ARMED FORCES? 1(1) (If yes, give war or dates of service)	6 SOCIAL SECURITY NO. 17	INFORMANT	Addre	951			
Yes	1	212-01-7820 C1	Lin.Rec.VAH.Ba	Lto.Md. Ft. Hows	ard Division			
18 CAUSE OF D	EATH [Enter anly one cause per				INTERVAL BETWEEN			
	CATH WAS CALSED BY	ULMONARY INFAR	ייחיד וויין אין אין אין אין אין אין אין אין אין		ONSET AND DEATH			
9 G		OTMODISTIT THE SUIC	TTOM		la Days			
8.74	DUE TO	OLYCYTHEMIA			II-lan anna			
Conditions, if	Unknown							
gave rise to immediate cause (a), stating the under								
lying cause last. (c) PNEUMONIA								
PART I. O	THER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	inal disease condition g vi	EN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO [2]			
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	LRY Month, Day, Year 20d		PLACE OF INJURY (Home, formactory, street, office bidg , etc.		(County) (Stat			
21 I certify t	hat /// (this haspital) atter	nded the deceased from	June_1 19	60, to June _ 20_	, 1960_, that (1/ (we) la			
					d an the date stated above			
220 SIGNATURE	2)	>			22b DATE			
	SIGNE							
22c PHYSICIAN'S								
NAME (Type		M.D.	VAH. Balto	. Md. Ft. Howard	H. Md. 6/20/60			
3g. BURIAL CREMAT	ION, 23b. DATE THEREOF	23c NAME OF CEMETERY		23d LOCATION (City, tawn, o				
REMOVAL (Special	Fy 6-23-60							
Burial 4 FUNERAL D RECTO		Loudon Park		Baltimore,	Maryland			
		ADD 5305 Hart	ord Rd.	DRY REGISTERS 256 REGIS	MALA D. YOU			
Leonard J	. Ruck Funeral	Home, Baltimore	DATE DATE					

TO HOSPITY RATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has little death. Page 4 may be red by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 years ofter death. TO HOSPITA moy be re VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 9/58

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Rea. Dist. No. c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES INO IN Year 60 IF UNDER 1 YEAR IF UNDER 24 HRS Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL SETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES 🔣 NO 🗍 (Stote) (County) . 19 ... that I last saw the deceased and that death accurred at 2:152M, from the causes and an the date stated above. 24b REGISTRAR'S SIGNATURE 5 '60



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

06675

n. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Garrison	12 days	Baltimore 3Vol.4
d. NAME OF HOSPITAL (If not in haspital, give street at OR INSTITUTION		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Foxleigh Convalesce		3501 St. Paul St. YES □ NO E
NAME OF First DECEASED	Midale	Last 4. DATE Manth Day Year
(Type or print) Carolyn Egerton	Odenheimer	66420
SEX 6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HE
Female White WIDOWED	DIVORCED [Sept.11.1890 69 yrs Manths Doys Hours Min.
Oa USJAL OCCUPATION (Give kind af work dane 10b K during mast of working life, even if retired)	IND OF BUSINESS OR INDU	
Housewife		Baltimore, Md.
3. FATHER'S NAME		14 MOTHER'S MAIDEN NAME
Bayard Calvert Emert	on	Dorothea Von Bories
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		NFORMANT Address 619 Sudbro
Yes, no, or unknown) [If yes, give war or dates of service)	None i	
18 CAUSE OF DEATH Enter only one couse ger time		Ars, Calvert E, Odenheimer Road
PART! DEATH WAS CAUSED BY		ONSET AND DEATH
Condition is any little and any	in my (V	and the state of the state of
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	imary Co	rzcinerua Colon 18 mes
gave rise to immediate couse (a), stating the under-lying cause last. (c)	MATY C	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMEDS YES NO
gave rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COURT OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS COURTS OF		PERFORMED?
gave rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COURT OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS COURTS OF	RIBE HOW INJURY OCCURRING TO SERVICE TO SERV	PERFORMED?
gave rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COUNTY OF CONTRIBUTING CONT	JJRY OCCURRED 20e P Not white of work	PERFORMED? YES NO NO LACE OF INJURY (Home, form, actory street, affice bldg, etc.) Performed? YES NO (Caunty) (Sta
gave rise to immediate cause (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d IN. Hour a m p.m. 19 While of work 21 certify that (1) (this haspital) attended	JURY OCCURRED JURY OCCURRED 20e P from the post work	PERFORMED? YES NO ED (Enter nature of injury in Part t or Part II of item 18.) LACE OF INJURY (Home, form, 20f (City or tawn) (Caunty) (Stackory street, affice bldg., etc.) 10-10-1956.ta_6-33-, 1960 that (I) (we) lace
gove rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d IN. While of work 21 I certify that (i) (this haspital) attendes saw the deceased alive an 6-23.	JURY OCCURRED JURY OCCURRED 20e P from the post work	PERFORMED? YES NO ED (Enter nature of injury in Part I or Part II of item 18.) LACE OF INJURY (Home, form, actory street, affice bldg., etc.) 10-10-19-56, ta 6-33-, 19-60 that (I) (we) ladeath occurred at 19-60, from the causes and an the date stated above
gave rise to immediate couse (a), stating the underlying cause lost. PART OTHER SIGNIFICANT CONDITIONS COUNTRIES	JURY OCCURRED JURY OCCURRED 20e P from the post work	PERFORMED? YES NO ED (Enter nature of injury in Part I or Part II of item 18) LACE OF INJURY (Home, form, actory street, affice bldg, etc.) 10-10-19-56, to 6-33-, 19-60, that (I) (we) look death accurred at M. fram the causes and an the date stated above ATTENDING MED DIRECTOR PHYS
gave rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d IN. While of work 21 I certify that (i) (this haspital) attendes saw the deceased alive an 6.23.	JURY OCCURRED JURY OCCURRED 20e P from the post work	PERFORMED? YES NO LACE OF INJURY (Home, form, actory street, affice bldg, etc.) LACE OF INJURY (Home, form, actory street, affice bldg, etc.) LACE OF INJURY (Home, form, actory street, affice bldg, etc.) LACE OF INJURY (Home, form, actory street, affice bldg, etc.) LACE OF INJURY (Home, form, actor) LACE OF IN
gave rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d In. While of work 21 I certify that (1) (this haspital) attendes saw the deceased alive an	JURY OCCURRED JURY OCCURRED of work of the deceased fram. 1960, and that	PERFORMED? YES NO ED (Enter nature of injury in Part I or Part II of item 18) LACE OF INJURY (Home, form, actory street, affice bldg, etc.) LACE OF INJURY (Home, form, actory street, affice bldg, etc.) ACCOUNTY STREET, affice bldg, etc.) ATTENDING MED ATTENDING MED DIRECTOR STAFF PHYS PHYS
gave rise to immediate couse (a), stating the under-lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS COUNTY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d IN. While of work 21 I certify that (1) (this haspital) attended saw the deceased alive an 220 S GNATURE 22c PHYSICIAN'S NAME (Type) 3a BURIAL, CREMATION, 23b DATE THEREOF	JURY OCCURRED JURY OCCURRED Of work d the deceased fram.	PERFORMED? YES NO ED (Enter nature of injury in Part I or Part II of item 18) LACE OF INJURY (Home, form, 20f (City or tawn) (Caunty) (Stated above street, affice bldg, etc.) ACCOUNTY Street, affice bldg, etc.) ACCOUNTY STAFF PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR STAFF 22d ADDRESS ACCOUNTY STAFF DIRECTOR STAFF

TO HOSPIT. R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hy offer death. Page 4 may be read a by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, grematian, or remayal, and in any event, with 72 hours after death.

VR A15 (4) I5M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6716

06674

TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death mentificate be executed with a 24 has death. Page 4 may be a do by the haspital or attending physician

TO FINERAL DIRECTOR: After this campficate has been signed by the attending physician and completely filled in by the funeral director, ages 3 should be detached for use as the bunal-trampt permit. Then please remaye carbon appers. Pages 1 and 2 should be filled with the litate Board of Health prior to buriol, cremation, ar remayal, and in any event, within 72 hours ofter death

VR A15 (4) 15M 9/59

1	1. PLACE OF DEATH 0. COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) 9. STATE b. COUNTY Maryland						
1	b CITY OR TOWN (If outside corporate fimits, write RUPAL and give negrest town) FORT HOWARD	42 Days	16 South Bro	ride corporate limits, write RUR timore padway Street	AL and give nearest town) (31) (V)				
-16	d. NAME OF HOSPITAL (If nat in haspital, give street at OR INSTITUTION	ddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
C	Veterans Administration Ho	snital	16 S. Broad	way St.	YES NO				
	3 NAME OF FRANK First N. FIRST PRANK PRANK	0.00.000	WURTEL OF OLDEWURTAL	4. DATE Month OF DEATH June	Day Yeor 10 19 60				
		ED NEVER MARRIED 🔼	8. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS				
	Male White WIDOWE	DIVORCED [November 10,	,1891 lost birthday) N	Aonths Days Hours Min.				
\	10a USUA, OCCUPATION (Give kind of work dane 10b K during most of working life, even if retired)				12 CITIZEN OF WHAT COUNTRY?				
)	Tailor 13 FATHER S NAME	ailoring	Baltimore 14. MOTHER'S MAIDEN NA	Maryland					
	Edward G. Oldewurtal		Agnes MN Em	mett					
	15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 Se (Yes, no, or unknown) (If yes, give wor or dates of service)	OCIAL SECURITY NO. 17. IN	FORMANT	Address	\$				
	Yes WW I	Cl	In.Records, VAH	Balto 18 Md. J	Fort Howard Divis				
	18 CAUSE OF DEATH [Enter only one couse per line	far (a), (b), and (c)]			INTERVAL BETWEEN				
	PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CARC	HNOMA OF THE	PANCREAS WITH	WIDE SPREAD.	ABOUT 6 MONT				
	MET	ASTASIS							
	Conditions, if ony, which) (b)								
	gave rise to immediate couse (a), stating the under-								
	lying couse lost.) (c)								
li i	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	TAL DISEASE CONDITION GIVEN	PERFORMED?				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ori I or Part II of item 18)					
	20c TIME OF INJURY Manth, Day, Year 20d. IN. Hour a.m. While of work	Not while fee	ACE OF INJURY (Hame, form, tory, street, office bldg., elc.)		(Caunty) (State)				
ĺ	21 I certify that (1) (this hospital) attende	<u> </u>	April 29 16	O to June 10	, 1960 , that (V (we) lost				
	saw the deceased alive on Jine 10	1960 and that d	12:55P	M from the course and	on the data stated shove				
	220. SIGNATURE	// USC / ORG HIDE O	eom occurred dis	w, non the couses and	22b. DATE				
	n.l.	CAC.	M.D PHYS. DIR	D. STAFF	SIGNED				
	22c PHYSIC AN'S NAME (Type)	cleater)	22d ADDRESS						
	GIVANATION ASSESSED	M.D.	VAH, BALTI	MORE 18, MD. FO	ORT HOWARD DIVISIO				
	23g BURIAL, CREMAT ON, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City, town, ar	county) (State)				
	Burial 6-14-60		ional Cemeter	Baltimore	Maryland				
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D		RAR'S SIGNATURE				
	Wm.Cook-Blight, Inc. 6009 Ha	rford Road Bal	to JUMA DATE JUN	4 1 4 '60 and	w. S. Kraus				



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6717 Items OF THE OF BELLEVILLE												9 7	
	LACE OF DEATH COUNTY Baltimore			MARY		usual residence			If institution	on. Residen	Ha W	odmissi Uar	on) /
Ь	RURAL ond give no	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY	N 1b	c CITY OR TOWN (•	•		JRAL ond	give near	est fown)
	Fort Howa	ard		56 Days		MaharmyJ		, Mary	Land				
1	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS				7	e	IS RESI	FARM?
	Veterans	Administra	tion	Hospital		Tall Pin	es Mo	tel, H	oute	Т		YES 🔲	NO 📑
_ D	IAME OF DECEASED Type or print)	HENRY	si ·	Middle MAR	K	PARMLEY	4. DAT OF DEA	The state of the s	Moni I ne	h	20 20		°60
5 5	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		DATE OF BIRTH		9 AGE	(In years	Months	Doys	Hours	R 24 HRS Min
	Male	White	WIDOWE	DIVORCE) <u>N</u>	lay 3, 1901		59	yrs	14101-1413	2071	HOURS	58111
100	USUAL OCCUPATION	ON (Give kind of work a		KIND OF BUSINESS O						1			OUNTRY?
	Bookkeepe		Co	onstruction	Co.	Mahanoy	City,	Penns	ylvar	112	U. 1	S. A	•
13. 1	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME						
	Char	rles S. Pa	rmley	У		Lotti	ie E.	Stitz	er				
15. \ (Yes,		R IN U. S. ARMED FOR		39-12-6452		n. Records	,VAH,	Balti	Addr more		l.Ft.	How	ard Ision
	18. CAUSE OF DEA	ATH {Enter only one co	use per lin	ne for (a), (b), and (c).							INTER	RVAL 8E	WEEN
	PART I DEA	TH WAS CAUSED BY-	BRO	NCHOGENIC	CARCI	NOMA, LEFT	LUNG	HTTH	METAS	TASI	g Üİ	NKNO	WN "
	Conditions, if o gove rise to it couse (o), stoling	mmediate (TIS BRON	THE PERIBR SSUE VCHOPNEUMON		AL LYMPH N	ODES,	LIVER	PERI	LADREI	NAL		
	lying couse last.	(c)								<u></u>		
CATION	l. Acute generaliz	hemorrhagi zed. 3. Be	c and nign	ontr But MG TO DEA chronic p prostatic	ancre hyper	atitis. 2. trophy.	Arte	EASE COND Briosc	ition giv leros	EN IN PAR	T 1(o) 19	WAS A PERFO YES 3	RMED?
CERT FI	20a. ACCIDENT WA	AS UNDERLYING AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF									
MEDICAL	20c TIME OF INJUR Hour a.m. p.m.	Y Month, Doy, Ye	20d. In While of worl	NJURY OCCURRED Not while t of work		E OF INJURY (Home, f ry, street, office bldg.,		City or town	1)	((County)		(State)
	21 I certify the	of (NE (this hospital) attend	led the deceased	fram_A	pril 25	12.60, t	June	20_	, 1960	3_ , the	ot (16) (v	we) lost
		sed olive on Jun				ath occurred of A							
	220 SIGNATURE	,											DATE
11	13.	1 1 0			M	D PHYS	MED DIRECTOR	STAP	K		(5/20,	60 EIGNED
	220 PHYSICIAN S.	1. 6	7.2			22d. ADDRESS						artic man pet	
	CLYDE B.	COPE, M.D.	1			VAH, BAL	TIMORE	18.M	D. FI	HOW	ARD I	DIVI	SION
		IN 236 DATE THEREC)F	NAME OF CEMI	TERY OR			CATION (C				(State	
Re	elficOva-1(Spec fy)	6-20-60		German Pr	otest	ant Cemete		ahanoy			nnsv	lvan	ia
24 1	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			EC'D BY RE		2Sb. REGIS				
Ni	lliam Coc	ok, Inc., 1	217 8	St. Paul St	reet	DATE	JUN 2	2 '60	c	ullun i	8 Ha	u.d.	

TO HOSPITY IS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be read to be the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye can on pages 1 and 2 should be predicted in 5 should be predicted in 5 should be predicted.

VR A15 (4) ISM 9/59



FOR STATE director. Pag or your files. your do retained with 2 with Pages 1 Give P with for in pencil Office al Medical Crem should Chief to the OK: Pa lease execute the certific I should be forwarded to PUNERAL DIRECTO designal DEPU 240 p 0

VS. A15ME

5M 7/59

tems 1'801 Film 268 MARYLAND

Division of STATISTICAL RESEARCH

ATAVA

WIDOWED [

BALTIMORE

b. CITY OR TOWN (if outside corporete limits,

write RURAL and give neerast town)

I. PLACE OF DEATH

e. COUNTY

3. NAME OF

5 SEY

DECEASED

(Type or print)

10a. USUALOCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. ARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of work | life, auch if ratirad michigan ochrool > 13. FATHERIS NAME IS. WAS DECEMED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORM Address (Yas, no, or unknown), (If yes give wer or dejes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNDETERMINED IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which {b} gave rise to immediate cause DUE TO (a), slating the underlying caush last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [200 EXTERNAL CAUSE WAS PRIMARY 1 OF CONTRIBUTING 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f, (City or town) (Stata) factory, street, office bldg., etc.) While Not While al work Woods Essex Baltimore Md. at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Undetermined manner Suicide Homicide X CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER June 16, 1960 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a. BLA.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lown, or country) (State) (Specify) movak FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE arthur & thousa DATE JUL

Middle

W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased aved, if that but on: Residence before edmission) a. STATE **b.** COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essax d NAME OF HOSPITAL OR INSTITUTION (if not in hospilat, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Riverdale Apartments YES | I NO X DATE Month Day 1960 16 JEAN PARRIS June DEATH 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR OF UNDER 24 HRS. lest birthday Davs Hours DIVORCED [

ATE DEPARTMENT OF HEALTH



ADDRESS

Brooks Funeral Service. Towson 4. Md.

24a, REC'D 8Y REGISTRAR

JUN 1 5 '60

Year

19

(State)

(State)

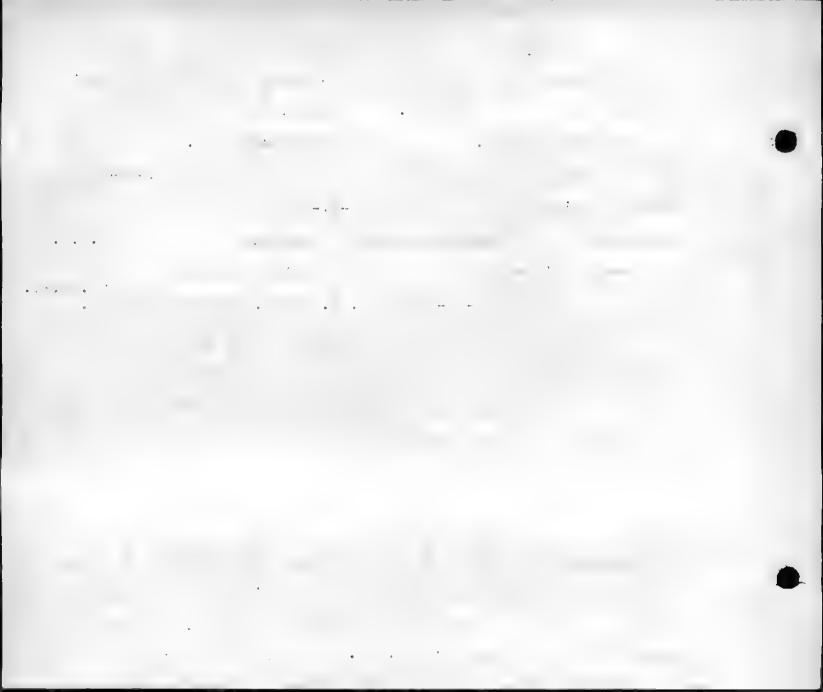
245. REGISTRAR'S SIGNATURE

Cuilling S. Kraus

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VS A15 (4) 15M 9/58

23 FUNERAL DIRECTOR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND 06689 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b** COUNTY Balto. Md. BEAUTY STREET Bal to. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Arbutus arbutus A STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION 1106 Vernon Ave 1106 Vernon Ave YES NO TE Month 29/60 NAME OF Attrictle Louis Year DECEASED June Pearl A. Plate DEATH (Type or print) 19 death. 9 AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH FUNDER I YEAR IF JINDER 24 HRS 60 birthdoy) offer Months Dovs Hours March 19,1900 Female White WIDOWED [DIVORCED T 10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Julia Schoenfelder ---Myers 17 INFORMANT Address IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Wm. G. Plate, 1106 Vernon Ave. Arbutus, Md. CAUSE OF DEATH [Enter only one couse per light for (o), (b), and (c).] INTERVAL BETWEEN ONSERAND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(6) 19 WAS AUTOPSY cremation, PERFORMED? YES TO NO P 200 ACC DENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f (City or tawn) (County) (Stote) Doy, Year factory, street, office bldg, etc.) o. m MED at work at work 21 I certify that (1) (this haspital) attended the deceased fram. that (I) (last Health saw the deceased alive an. 2 19 6/), and that death accurred at 1 M. from the causes and on the date stated above. 22a, SIGNATURE 22b DATE 51GNED M.D. PHYS DIRECTOR PHYS 22c PHYSICIAN'S 22d, ADDRES NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) page the St REMOVAL (Specify) 2/60 Loudon Park Bal timore Rurs **ADDRESS** 24. FUNERAL DIRECTOR'S SIGNATURE 250 REC'D BY REGISTRAR .D. 4101 Edmondson Ave. arthur S. Kraus DATEJUL 5 alto. 29,

MARYLAND STATE DEPARTMENT OF HEALTH

director

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DIRECTOR: /

FUNERAL e

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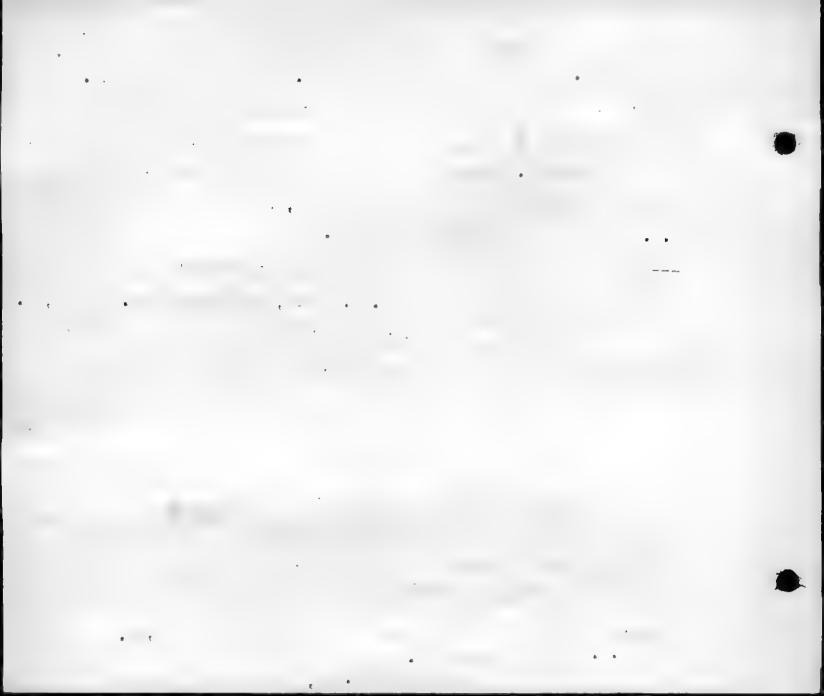
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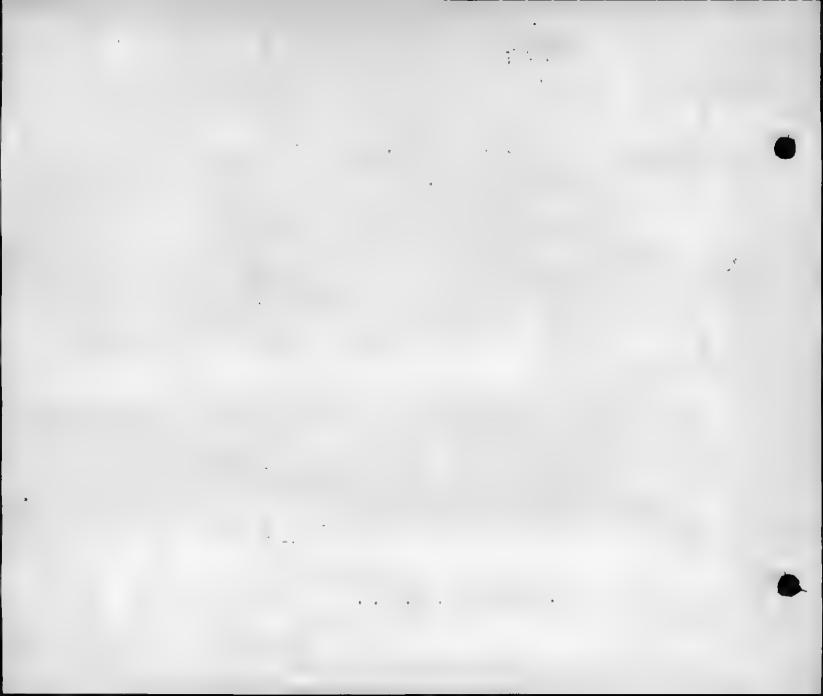
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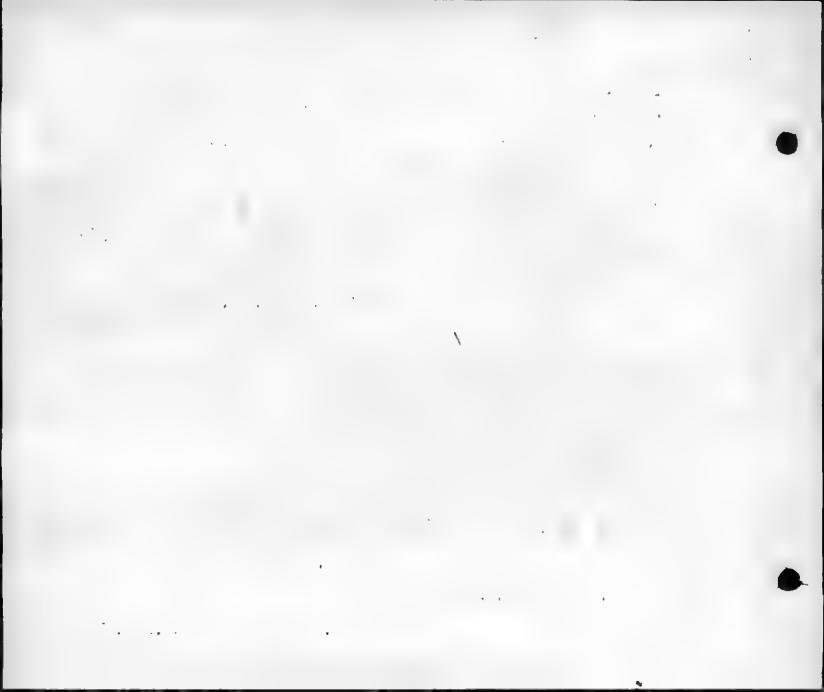
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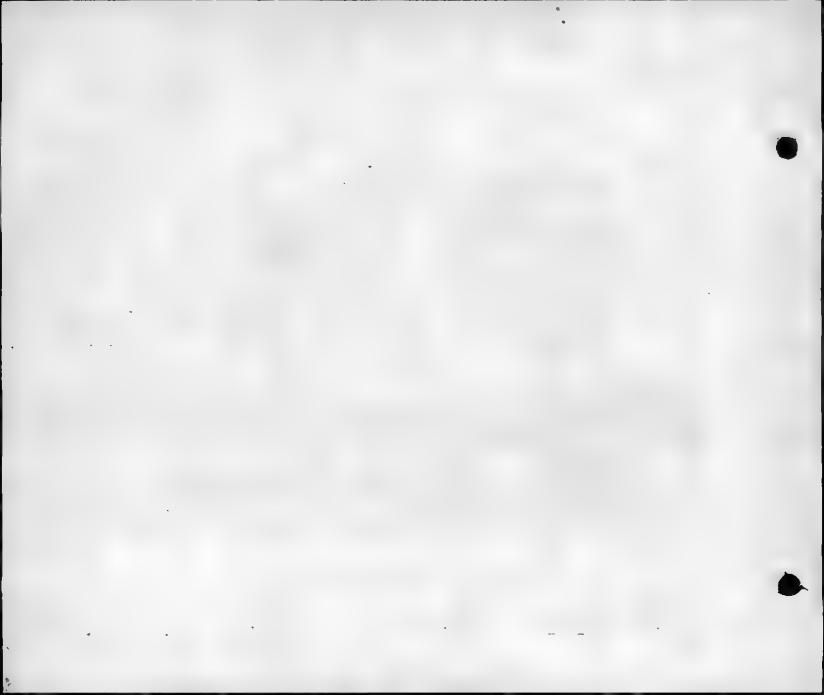


- No. 2		Ιţ	26 Ams 26	
1 1/1			6722 CERTIFICATE OF DEATH Reg. Dist	66832
Page director		1 6	PLACE OF DEATH D. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, If institution: Residence of STATE	before admission)
Perd J			D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ve nearest town)
ter d		_	Mt. Wilson, Maryland JALTIMORE (ITY J. NAME OF HOSPITAL (If not in hospitol, give street oddress) d STREET ADDRESS	I e. IS RESIDENCE
by the state of th	\$ P.		Mt. Wilson State Hospital 1239 Clercland Mr.	ON A FARM? YES NO
n 24 hr filled ir jes 1 ar		- 1	NAME OF DECEASED Type or print) First Middle RODENH 6 Month 6	Day Year 196
d withi		S. S	The state of the s	VEAR IF UNDER 24 HR Days Hours Min
deoth		100.	USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) HOUSEWIFE 12 CITIZE BALTIMORE MD	EN OF WHAT COUNTRY
ate be ician ar e carbo s affe		13.	FRANK REIMER 14. MOTHER'S MAIDEN NAME REGINA RIDER	
certific ig physi remavi 72 haur			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO. of unknown) (If year, gave were or defens of service) NO. Wilson State	Hospital
ease th'n			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
he di atte			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MACHER TO XHA! / NY FIRST TO Y SAVE	moutle
y the Th			O O 2X DUE TO Far Advanced Pulmonary Tuberculosis	
uires tl gned b permit. in any			Conditions, if any, which (b) gove rise to immediate couse (a), stating the under to	
red cian. en si ansit and		z	lying couse lost. (c) (c) There circulate controls time to peatl B it and betaten to the tentum of the control	1/-> 19 WAS AUTORS
he law physii has be rial-tro maval,	*	CATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART ARTERIOCLE ROLL DIANGETY FOR SEASE CONDITION GIVEN IN PART	PERFORMED?
tan: 1 rending fficate the bu			200 ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part + or Part It of item 18)	
PHYSIC all ar at his cert use as ematian		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 OI work OI wark	ounty) (Stat
aspite filer had for			21. I certify that I attended the deceased from 6 - 14, 19 60, to 6-19, 196 9that I last	t saw the decease
END the high tache	Ж		alive an 12.30 h.M., from the causes and on the	date stated abov
R ATT 3 by 1 RECTO I be de			ACTUAL SIGNATURE Wilson, Maryland Mt. Wilson, Maryland	DATE STORE
RAL D should istror p			PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D., Superintendent	
moy be FUNE page 3			BLR AL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county)	(Stote)
5 5 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		,	Burial 6/22/60 Ioudon Park Com Balto Md.	
VS A1S (4) 1SM 9/SB		1	MM. V. Julener Trous - Ball parte HN 21 160 Order &	
		-	1 - 7111	



, necessory, please exe-	ctor. Poge 4 shauld be	,	priar to Eurial, cremation,
AEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any defects	Lificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funera.	area to the Chief Medical Examiner's Office along with four PM3. Page II may be retained for your free	2 with the registron
TO DEPU	cute th	forwarded	TO FUNERAL

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
uo,	*		67MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.	5.
uriol, cremotion	S		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission of COUNTY B. CO	n)
Euriol,		Ь	c. CITY OR TOWN (II outside corporate limits, write RURAL and give negrest town) and give negrest fown) C. CITY OR TOWN (II outside corporate limits, write RURAL and give negrest town) C. CITY OR TOWN (II outside corporate limits, write RURAL and give negrest town)	
es priar to	1	d	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3421 Liberty Librall or Day. 342/Liberty Librall or Day.	ARM?
your fu		3, 1	NAME OF First Middle Last 4. DATE Month Day Year OF Type or print) GERTRUDE RYAN DEATH JUNE 14 196	and the same
ned for the re		5. \$		24 HRS
be retained and 2 wi		10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLUMN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLUMN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLUMN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLUMN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLUMN OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	UNTR
ges 1 o			FATHER'S NAME U CRESTE 14. MOTHER'S MAIDEN NAME Brille Garage Core	
File po	(1,		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address - Securit. Tet. Pynn (Lasy) To in - 14.	
its form PM3 ransit permit.			18. CAUSE OF DEATH [Enter only one covue per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH 3. FUTUS CONTINUED TO	
e along w o buriol-ti	•		Conditions, if only, which governse to immediate cause (c), storing the underlying cause last. (c)	
r's Offic used os		FICATION		OPSY ED?
xamine ould be		CERT	PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. Trans.	
edical B)IQE	Hour o, m. 2 19 While Not while factory, street, office bldg., etc.) 19 of work of work 12 12 12 12 12 12 12 12 12 12 12 12 12	Stote
Chief M TOR: Pa			21. I certify that I took charge of the remains described above, held on Autopsy, Inspection Z, Inquiry Z, and find death resulted from: Natural causes Z, Accident, Suicide, Homicide, Undetermined cause	d the
DIRECT	, , ,		ACTUAL SIGNATURE 2.2. T. 2.12 (122 M.D. CHIEF MEDICAL EXAMINER (
NORGE			EXAMINER'S DEPUTY MEDICAL EXAMINER 5 6-16-1	60
TO FU	5	F	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) BURIAL (Specify) 6-17-1960 Druid Ridge Pikesville, Md.	
15ME(5) 9/55		<i>y</i>	Doctor of Strong 3207 WNORTH ACC, DATEJUN 17'60 246. REGISTRAR'S SIGNATURE CATALOGY & Thomas	



STATE

TO DEPUT. TRENICAL EXAMINER: This pertificant should be executed within 14 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMON age 5 may be retained for your files.

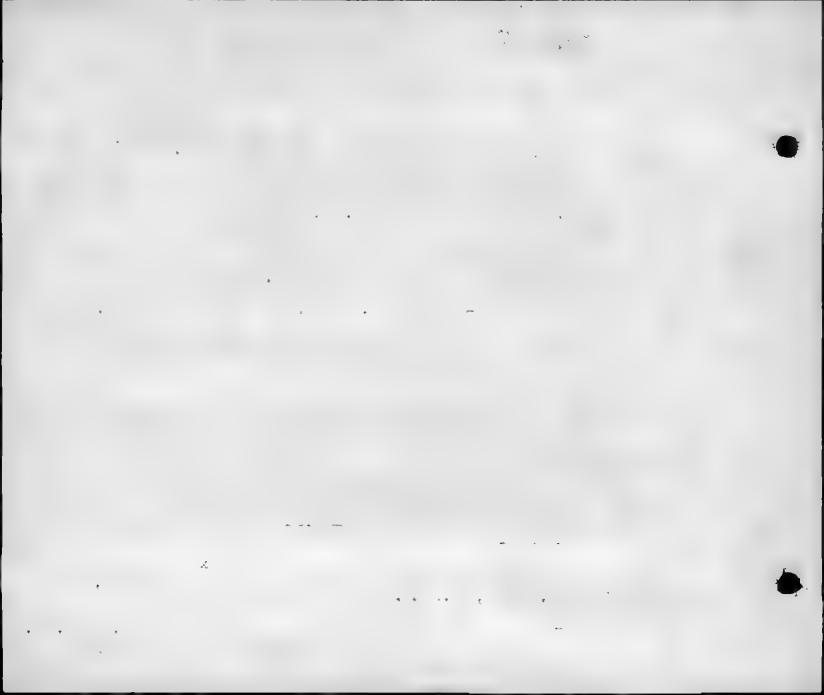
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event white 72 hours after death.

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 6722MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decreased I ved, If institution legislated before admiss on)
\	BALTIMORE MARYLAND	o. STATE MARYLAND b. COUNTY BALLEGOE
1	b. CITY OR TOWN ,if outside corporele limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporele limits, write RURAL end giv nearest town)
/	write RURAL end give nearest town)	Baltimore 3 / C/
	GLEN ATM 4. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address,	d. STREET ADDRESS IS RESIDENCE
	Wassa Massa Dd	6421 Rosemont Ave. ON A FARM?
	NAME OF Wheel Rd	Lasi 4. DATE Month Day Year
	(Typa or print) THOMAS FRANCIS	RYAN DEATH June 27 19 60
5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
10a do	Male White WIDOWED DIVORCED LIVER LIDE AND OF BUSINESS OR INDUST A during most of working life, even if relired	Aug. 12, 1892 67 When the Devis Hours Min. 12. CITIZEN OF WHAT COUNTRY?
	Plumber Plumbing	Delaware USA -
15.	William Ryan WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary V. Hanson
	s, no. or unkown) ! (Ifyasgivawerordatesofservica)	
	NO 219-22-1074 'Mr 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	s. Ruth N. Ryan 6421 Rosemont Ave. 6
	PART I. DEATH WAS CAUSED BY:	Cardiovascular Disease
	670	Cardio Ascrist, Disease
	DUE TO	
	Conditions, if any, which (b) gave rise to Immad ate cause	-
	(e), stating the underlying DUETO cause last.	
z		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY
5		PERFORMED?
CERTIFICATION	206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING ((Enter reture of injury in Port I or Part II of I am 18.)
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bidg., etc.)
	21. I certify that I took charge of the remains described above, h	eld an Autopsy X, Inspection , Inquiry , and in my opinion
	death resulted from: / Natural causes [X], Accident [_], Sui	cide , Homicide , Undetermined manner
	11/201/201	CHIEF MEDICAL EXAMINER
	SIGNATURE WILL HOUSE	ASSISTANT MEDICAL EXAMINER ADDITIONAL STATE AND ATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER June 28, 1960
	NAME (Type) William V. Lovitt, Jr., M.D.	Address (Street, city, town, or county)
22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
	Burial 6-30-1960 Jerusalem L	TOOC DOLLAR DOLLAR
23	FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
4	Quality Honer Home 1461 Dexe	THE HANDATE SUN 3 0'80 Child S. Frank





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE HEALTH DEPT. 1 FLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) sary. Pe cotor. Pe pour files. e. COUNTY b. COUNTY Marveland Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outs de corporale imits, wir a RLFA) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town). and over pented found Essex (2) Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .d STREET ADDRESS IS RESID. E
 ON A FAPA! Po George Ave. George Ave. __ YES NO T 3. NAME OF 4 DATE First Middle Month DECEASED OF (Type or print) DEATH SCHITHSS' R June 21. 19 60 9 AGE (In years 5 SEY 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED TO B DATE OF BIRTH IEUNDER LYEAR JE UNDER 24 HET fort birthday) Months Days Hours Min. Female WIDOWED KING DIVORCED TO 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U.S.A. Home Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Dietz form File p Elizabeth Hartman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address [II yes, give was or dates of service] 631 N. Stuart Ave. None Elizabeth Llufio ONSET AND DEATH 18. CAUSE OF DEATH | finter only one couse per line (er)(o), (b), and (c)] PART I. DEATH WAS CAUSED BY: 10 mu IMMEDIATE CAUSE (0) **DUE TO** Myocardina INSUFF Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying cause last, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 12, WAS AUTOPSY PERFORMED? NO [YES 🗍 20g, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Fort I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20+ PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg , etc.) Not while Hour o. m. White at work of work p m. 21. 1 certify that I tack charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my CTOR: opinian death resulted fram: Natural causes A-Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY xecute should should FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ě T O B urial Balto. National Cemetery! Baltimore_ Maryland 25. FUNERAL DIRECTOR S SIQUATUR ADDRESS 240 REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15ME DATEJIIN 2 2 '60 Crimos & Kraus BM 2 57



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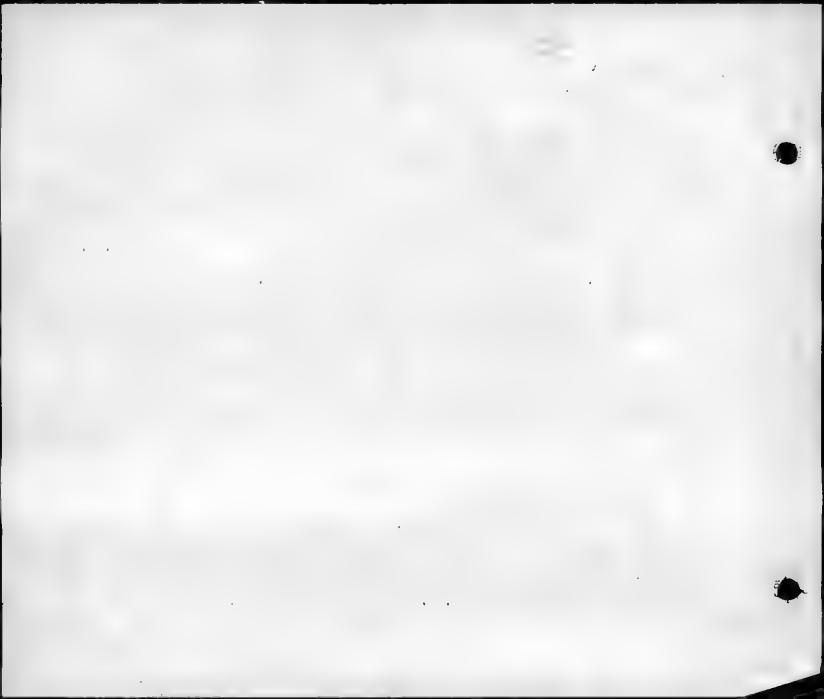
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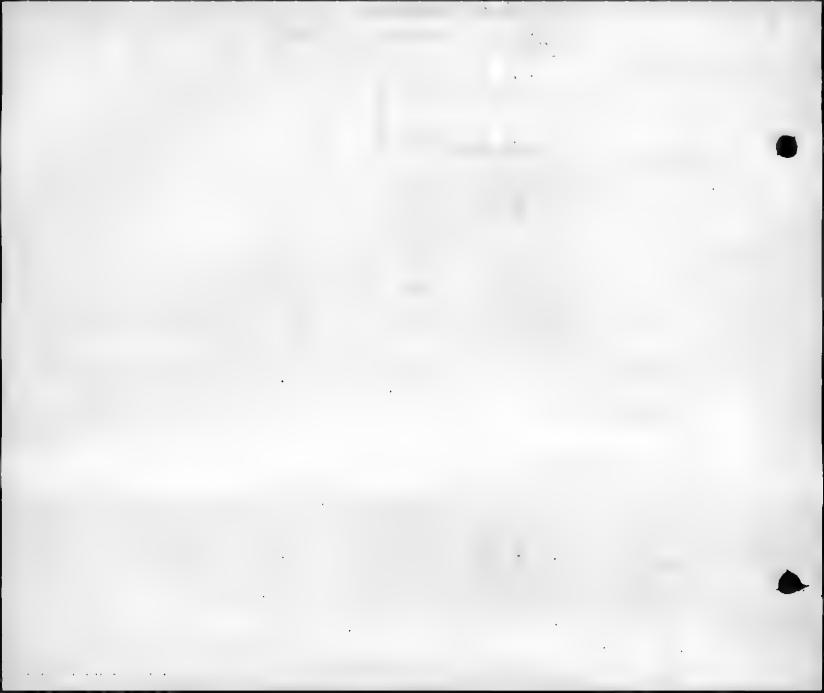
CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institut		before admission)
1	Baltimore	MARYLAND	o. STATE Maryla	hd 6 COUNTY		ber se
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OTH OF STAY IN 16	c CITY OR TOWN (IF or	utside carparate limits, write t	RURAL and giv	e negrest lown)
		.9Nos.7Dy	Baltim	ore	V .	2
	d NAME OF HOSPITAL (If not in hospital, give street address)	7	d. STREET ADDRESS		4 4	e. IS RES.DENCE
	SPRING GROVE STATE HOSPIT	AL	1816 Linde	n Avenue		ON A FARM? YES NO
	3. NAME OF First	Middle	Lost	I		
	(Type or print) Beatrice	rivide to	Schillinger	OF JUDO		Day Year
		NEVER MARRIED	8. DATE OF SIRTH	9 AGE (in years		YEAR IF UNDER 24 HRS
	female white widowed		April 12, 188	lost birthdoy)		oys Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	8USINESS OR INDUS	STRY 11. BIRTHPLACE (State of	or foreign country)	12 CITIZI	EN OF WHAT COUNTRY?
	artist		Maryland		U. 8	5. A.
	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1	
	George E. Schillinger		Mary	L. Shermer		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17 II	NFORMANT	Ado	dress	
		nown	Records: SPR	ING GROVE ST	TATE H	IOS/ITAL
	18 CAUSE OF DEATH [Enter only one couse per line for (o).	, (b), and (c)]				INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: Corons	ary thrombo	osis			ONSET AND DEATH
	H20 DUE TO					
	Conditions, if ony, which) (b) Arterio	sclerotic	cardiovascula	ar disease		
	gove rise to immediate DUE TO					
	lying cause last. (c)					
		JTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1	(o) 19, WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU					PERFORMED?
	4 30- ACCIDENT WAY INTOCHUM OF 120 DECEMBER NO	W INJURY OCCURRED	CEnter nature of injury in Po	ort I ar Port II of item 18)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF While Not p. m. 19 of work at a	CCURRED 20e PU	ACE OF INJURY (Home, form,	20f. (City or town)	(Coi	unity) (Stote)
	Haur e.m. While Not	t while too	tory, street, office bldg., etc.)			, ,
	21. I certify that I attended the deceased from	Sept. 1	8 , 19 52, 1a e	June 24 19 60	0	st saw the deceased
			accurred at 11:05			
Λ				DORESS (Street, city or town,		DATE SIGNED
	SIGNATURE Stella Wach	elo x			HOSPITA	
	SIGNATURE	1	M.D. Drienia Gi	MAR DIVIE I	MITTE	7 0=54=00
	PHYSICIAN'S Stella Wachsier, 1	M. D.	Catonsvill	le 28, Marylar	nd	
	220 BURIAL CREMAT ON 226 DATE THEREOF 220 NA	AME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City fown,	or county)	, (Stote)
	REMOVAL (Spec 4) 7/5/Cet =	Tudo	10 och	13166	72	24
	21 FUNERAL DIRECTOR'S SIGNATURE ADI	DRESS			ISTRAR'S SIGN	ATURE
	Mustast + 20	n G	C. DATE JUI	L7 '60 a	ribury of t	times



1 X	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
Gr.	6732 CERTIFICATE OF DEATH
director lifed with	1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) b. COUNTY BALTIMORE MARYLAND
funeral	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) A LEIG L 3 YEARS C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d 2 shot	d. NAME OF HOSPITAL (If of in hospital, give street address) V R. I of STREET ADDRESS OAKLE, 96 P. IS RESIDENCE ON A FARM? YES IN NO 122
y filled i	3 NAME OF DECEASED (Type or print) FLORA O. Schlee DEATH SUND 19 1960
rs. Pog	S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years Int UNDER 1 YEAR IF UNDER 24 HRS Int UNDER 1 YEAR IF UNDER 24 HRS INTERPRETATION Months Doys Hours Man
ond components of the control of the	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY TOUSENIFC AT Hone GERMAN OSA
5 5 5	13. FATHER'S NAME SCLMIST 14 MOTHER'S MAIDEN NAME
ng physic remave 72 hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT W. Scllee 3054 Wood side in the security of th
ottendi in meleos t within	18. CAUSE OF DEATH {Enter only one couse perfine for (o), (b), and (c) PART I DEATH WAS CAUSED BY: Ongestive heart failure, ONSES AND OF ATH IMMEDIATE CAUSE (o)
by the	conditions, it only, when the Sulmonary fibrosis & Coro perhuonale
sit per	gove rise to immediate couse (a), stating the under- lying cause lost. (c) Coronary are disease
physicia ios beer ios-tron ioval, a	PART 11. OTHER SIGNIFICANT CONDITIONS CONFRIENTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED YES NOW
ficote h the bur ar rem	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Born or Port II of Item 18.)
ol or off his certi	20c. TIME OF INJURY Month. Day Teor 20d. INJURY OCCUPATO 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) White Not white of work of wo
After the forming, critical, critica	21. I certify that attended the deceased from 19 to 19 to 19 that I last saw the deceased alive an 19 to 19 to 19 that I last saw the deceased alive an 19 to 19 t
by the ECTOR: be detoc	alive an
RA DES	PHYSICIAN'S FRANK T /48 K BALTIMORE 14 MR
o FUNE poge 3 the regi	220 EURID. CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, Town of county) (Side) LOCATION (City, Town of County) (Side) LOCATION (City, Town of County)
VS A15 (4) 15M 10/57	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HAR FOR REC'D BY REGISTRAR'S SIGNATURE CHAS F. EVANS & SOM 884 HAR FOR REC'D BY REGISTRAR'S SIGNATURE DATE



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY or death. If any y is necessary, and 3 to the funeral director. Page a. STATE **b.** COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Towson Towson d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS Boar a. IS RESIDENCE ON A FARM? 318 Worthington Road 318 Worthington Road State YES NO death. 3. NAME OF Middle 4. DATE Month DECEASED may be reta OF (Type or print) WILLLIAM SCHMIDT 1960 DEATH June This certificate should be executed within 24 hours after death. s word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 6. COLOR OR RACE 17 MARRIED NEVER MARRIED K 5 SEX 8. DATE OF BIRTH 19. AGE (In years HF UNDER 1 YEAR IF UNDER 24 HRS. 2, and 3 may nd 2 will hours a last birthday) Months Male WIDOWED DIVORCED (10a USUAL OCCUPATION G ve kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page done during most of working lita, aven if retired) Within Bal timore, Md. School 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeanette Foote William A. Schmidt Office along with form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) ((If yes give wer or dates of service) Mrs. Jeanette F. Schmidt 318 Worthington Rd. 18. CRUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN 2 burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY and Gunshot Wound of Chest. IMMEDIATE CAUSE (e) **DUE TO** removal, Conditions, if any, which (6) geve rise to immediate cause Examiner's (0 DUE TO (a), steting the underlying SE 0 causa last. nsed cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 execute the certificate, writing the word Id be forwarded to the Chief Medical E 1 NO [plnous 20b. DESCRIBE HOW IN. URY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING [] burial, accidently shot 3 201. NUCRY OCCURRED 2De. PLACE OF INJURY (Homa, ferm, 20f. (City or fown) 20c. TIME OF INJURY (COLPTV) (State) be forwarded to the Chi factory, street, office bldg., atc.) 0 While Not While at work prior 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection Inquiry and in my opinion death resulted from: Accident Undetermined manner Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER **/60** Petty M.D. Add DEPL NAME (Type) Charles S. Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Spacify) Belair *emorial 240 g Burial Belair 1-FUNERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Culling & Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

TA #

مرمة دووره

5. SEX Female 10a. USUAL OCCUPAT

13, FATHER'S NAME Henry IS. WAS DECEASED BY no

> > p. m.

23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER &

(3		•	٩	=
	S 5 A				

MARYLAND STATE DEPARTM	ENT OF HEALTH	I-BALTIMORE, 18	
6729 CERTIFICA	ATE OF DEATH	Reg. Dist, No.	.1.
PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (WM o. STATE Haryland	ere deceased lived If institution Residence bel	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) TOWSON	C. CITY OR TOWN (IF on	utside corporate limits, write RURAL and give no — 4	earest lawn)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 7402 York Rd.	d. STREET ADDRESS	k Rd.	e IS RES DENCE ON A FARMEN YES NO TO
NAME OF DECEASED (Type or print) MINNIE FLORENCE MEISNER	SCHUTZ	4. DATE Month Department of Death June 28.196	O 19
Female White WIDOWED 10 DIVORCED	0 DATE OF BIRTH Oct. 14.1866	last birthday) Manths Days	R IF UNDER 24 HRS Hours Min
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING MOST OF WORKING life, even if retired) HOUSEWIFE	STRY 11. BIRTHPLACE (Store of Baltimor		OF WHAT COUNTRY?
3. FATHER'S NAME	14 MOTHER'S MAIDEN N		
Henry Meisner	Caroline	Luthold	
Vel. OD. Dr unknown) (Rf was now more or detect of common)	nformant rs.Elva D.Cr	use, Kingsville. Ad	i.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise to immediate couse (a), stating the under- lying cause lost. DIE TO County of the couse of the couse (b). DUE TO (c)	referesti te		TERVAL SETWEEN USET AND DEATH The set of th

	lying cause lost. (c)		
2015	PART II OTHER SIGNIFICANT COND		AS AUTOPS REORMED?
LEERING .	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	70b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18.)	
UNITED TO	20c. TIME OF INJURY Month, Day, Year Hour a, m, p, m, 19	20d INJURY OCCURRED While Not while of work of work (County)	(Sto

19 60 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at // .M, from the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)
BURIAL JULY 1.19

22c NAME OF CEMETERY OR CREMATORY Greenmount _Cemeterv

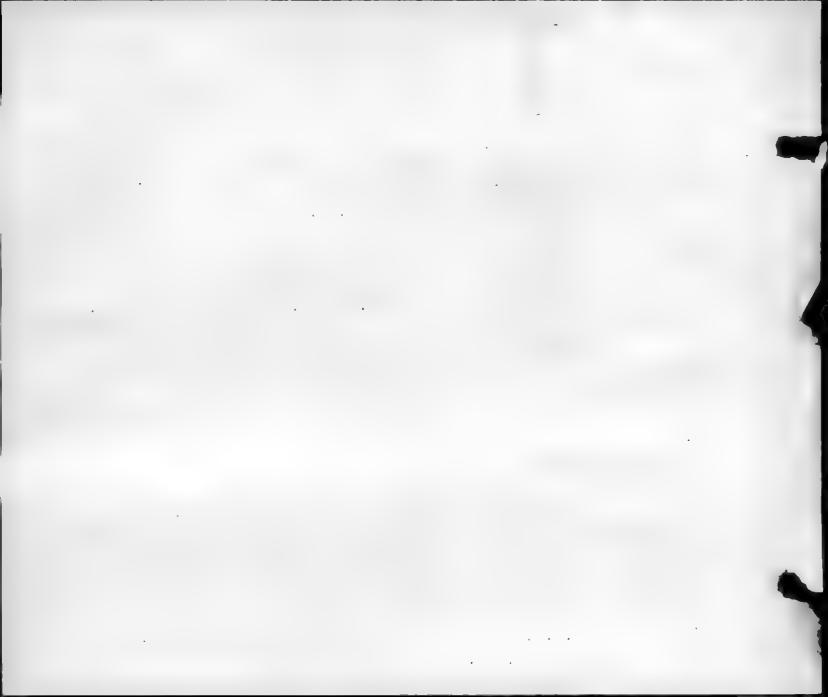
ADDRESS

SONS. INC. Baltimore

22d. LOCATION (City, town, or county) Baltimore Md

240 REC'D BY REGISTRAR 160 DATE JUL

246 REGISTRAR'S SIGNATURE C. Flor S. Krosus (State)



N

L	ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	8

CEDT	IEIC A	TE OE	DEATH
CERT	ICILA	IE OF	DEATE

06692

L.		22	00	CERTII	107	CIL OI I	, LA	<u> </u>		Reg. D	ist. No.			
	LACE OF DEATH	00	00				DENCE (Whe	ere decease	d lived If institute	on: Reside	nce befor	e admis	nou)	
· '	COUNTY Rall 1	imore		MARYL	AND	o. STATE	id.	2	b COUNTY	Ral	timor	٠ ۵	•	
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	RURAL and give ne					× a-								
	Car	<u>Nev</u> AL (if not in hospital, g	ive Street	nddress)		id. STREET A	rney				12	IS DES	IDENCE	
	OR INSTITUTION					1		n 1)				ON A	FARM?	
_		1225 Dalta		•		1665	Dalton					AF2 [NO K	
3.	NAME OF DECEASED	Fir	st	Middle		Los	st	4. DATE OF	Mon	th	Day	,	Year	
	Type or print)	Caroline				Seri	.0	DEATH	June		5		19 60	
S :	EX	6. COLOR OR RACE	7 MARR	IED 🔲 NEVER MARRIED		B. DATE OF BIRT	н		9. AGE (In years lost-burthday)				ER 24 HRS.	
	female	white	WIDOWI	DIVORCED		4-3-1.9	75		65 yrs	Months	Doys	Hours	Min.	
100	USUAL OCCUPAT C	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDLS	TRY 11. BIRTHPI	LACE (Stole o	or foreign o	ountry)	12. CI	IZEN OF	WHAT	OUNTRY?	
1		ing life, even if retired)			T4	-0.7-			110	SA			
	<u> 1011 SEWILTE =</u> FATHER'S NAME	TSTTOUTUE	l			14. MOTHER'S	MAIDEN N	AME			D.B.			
		ori Sarullo				unkr		* *****						
			,		1		TOWIT							
		CIN G. S. ARMED FOR If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		IFORMANT			Add	ess				
			2	17189535		Mrs Mari	e Gab	lnet	same					
	18 CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]							INTE	RVAL BE	TWEEN	
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (o	. (prona	24	The	mb	252			0143	T KIND	DEMIN	
	4-90	DUE TO									7	the state of		
	Conditions, if or	an subtate y	0			Apts	RIO S.	-lee.	· Co		50	#.		
	gove rise to it	nmediate		PROMATE		17/0/6	1270 41	-/ 1/08	-47.0		-	MA.		
	lying cause lost.	the under- DUE TO												
2		J (c		CONTRIBUTING TO DEAT	THE DELT	NOT BELLTED TO	THE TERM	141 D CEAC	C COND TION O	F . I . I . C	DT 14-3 16	14/40	AUTOPSY	
FICATION	PART II. OTH	EK SIGNIFICANT CON	01110115	CONTRIBUTING TO DEA	H RUI	NOT KELATED TO	J THE LEKM T	NALD SEAS	E CONDITION G V	EN IN PA	RL 1(0) 11	PERFC	RMED?	
CA												YES [NO P	
CERT F	20a ACCIDENT WA	S UNDERLYING A CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OC	CURRED	(Enter noture o	of injury in P	ort or Por	t II of item 18 }					
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		-										
MEDICAL		Y Month, Doy, Ye		UJURY OCCURRED	Oe PL	CE OF INJURY	Home, form,	20f. (City	or town)		County)		(Stote)	
Œ.	Hour a.m.	19	While of wor	Not while	100	lory, street, offic	e bidg., etc.)	1						
~								1-1.						
		7 /		ed fram Sept										
	alive an 🏖	17/60	, 19	, and that (death	accurred at					e date			
		1- 1					A	ADDRESS (S	Ireet, city or town,	stote)	0, ,	DAT	TE SIGNED	
	ACTUAL SIGNATURE	Moon	we	4	/	M.D	8379	5 10	ch Kav	au t	Kird	(2/6/1	
	DA DYCARA S A ALC	111					-			7			1 100	
	PHYSICIAN'S NAME (Type)	VINGON W.M.Co	12 000 /	44 MD			102	NOON	4 hus					
220	BUR AL, CREMATIO	N. 22b. DATE THEREC		ZZc. NAME OF CEMET	ERY O	CREMATORY		22d. LOCA	TON (City, Iown,	or county)		(Sto	le)	
	REMOVAL (Specify)	6-9-60				r Cemete			ltimore,			,	-	
23	FUNERAL DIRECTOR"			ADDRESS	OHIC.	L COMP, GC	T. 14	BY REGIST			GNATUR	F		
			Поле				1		60	thur 2	The	CA.		
1	eonard J.	Ruck 5305	arı	ord Ra.			DATE JU	I II						



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 666936590 Reg. Dist. No filed with 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) · COUNTY o. STATE b. COUNTY Raltimore MARYLAND Marvland unero b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ RURAL and give nearest town) shauld Laltimore VI'S Dundalk d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 675 Roberts Ave YES NOT noberta Avenue pub NAME OF First Middle 4. DATE Lost Day Year filled DECEASED OF DEATH Louis Julvan Shaduk (Type or print) 6 Pages 1060 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9 AGE (in years lost birthday) Months Hours Мв white male DIVORCED [73] WIDOWED K 76 papers. yes campi 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? railroad labor B&O Russia gud pan 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME physician COL John shaduk unknown dve IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address attending p Mrs Anna Shaduk 6735 Roberts Ave BO TB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH INCITE IN DISFASE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 200 Conditions, if any, which (b) signed iii permi gove rise to immediate DUF TO couse (a), stating the underlying couse lost. burial-transit (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO F 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate MEDICAL 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) USe Hour o.m. While Not while of work of work p. m. 1966 that I last saw the deceased 21. I certify that I attended the deceased fram, 15, 10 ached burial alive on and that death accurred at___[_] M, from the causes and an the date stated above. CTOR: ADDRESS (Street, city or fown, stote) DATE SIGNED ACTUAL SIGNATURE e PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

Holv Trinity

ADDRESS

TOOT Duncalk

22d LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE Orthur S. Kraus

Faltimore N

24g REC'D BY REGISTRAR

DATE JUN 1 4 '60

(Stote)

3 shauld TONER page 10

Page

he VS A15 (4) 15M 10/57

220 BURIAL CREMATION.

REMOVAL (Specify)

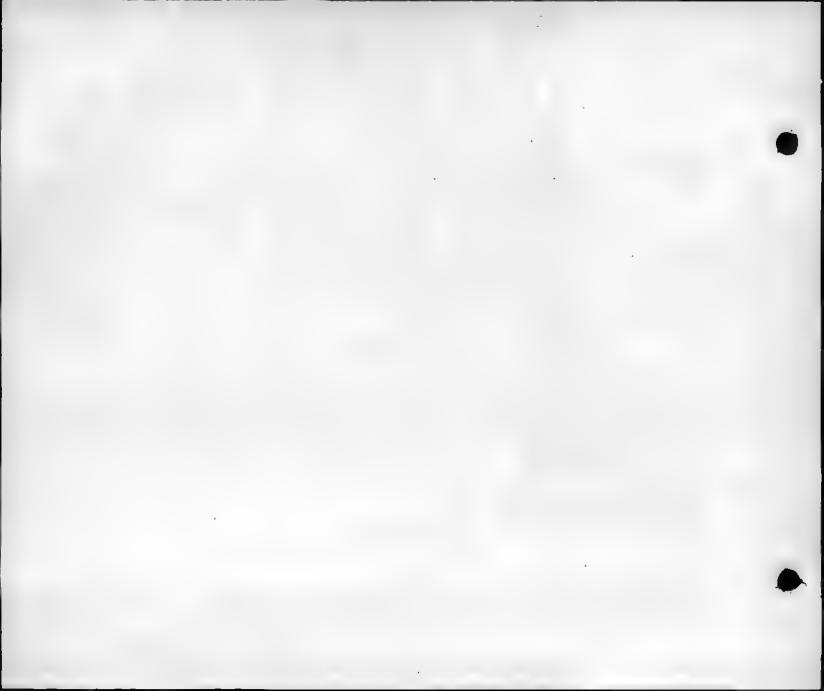
23. FUNERAL DIRECTOR'S SIGNATURE

22b DATE THEREOF

6-I3-60

Dabrowski





5721

06695

4

PLACE OF DEATH	1		ems 8,4 Fl		2. USUAL RESIDENCE		lived. If instituti	on: Residence	before ad	mission)
o. COUNTY	Baltimore	MARYLAND		o STATE Md.	Ba	Baltimore				
RURAL and giv	N (If outside corporate limite nearest town)	its, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN	onsville	te limits, write R	URAL ond give	e nearest t	own)
d NAME OF HO	PITAL (If not in hospital, c	give street	oddress)	-	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
L August	A			L Au		YES NO				
NAME OF	Fi	·s†	Middle		Lost	4. DATE	Mon	ith	Day	Year
(Type or print)	MARY	VIRGINIA	1 5	SINCLAIR	OF DEATH	Jı	une	11.	19 60	
. SEX	6 COLOR OR RACE	7. MARE	RED TO NEVER MARRIED	8.	DATE OF BIRTH	9	AGE (In years ast birthday)	Months D		
female	white	WIDOWI	ED DIVORCED		Nov. 17,	1872	87 yrs	moins D	lays Hou	irs Min
during most of	AT ON (Give kind of work working life, even if retired	done 105	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (SE	ote or foreign cou	ntry)	12. CIT+ZE	N OF WHA	TCOUNTRY
Housewife		'			Md.					
3. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
John Hadd	laway				Mary	Jane Fo	x			
S. WAS DECEASED	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 INFO	DRMANT		Add	ress		
no				M	rs. Jane M	usacchio	- 4 Aug	gust Av	70.	Catons
gave rise to couse (a), state lying couse to	ing the under-	aa Ca	vanced h	tse	stensive de las de	t arti	uosch	role	(ye	iaro
CAIRC	OTHER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	/EN IN PART 1	PE	REORMED?
	WAS UNDERLYING TING CAUSE OF DEATH (TIFY MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury	in Port I or Port	II of item 18)			
20c. T ME OF IN Hour o. p.	m. 10	or 20d. II While of wor	Not while	ide. PLAC fecto	E OF INJURY (Home, try, street, office bldg.,	form, 20f (City effc.)	or town)	(Co	unty)	(Stote
21 I certify that (I) (the haspital) attended the deceased from 3 feet 1956 to 11 June, 1960 that (I) (see) last saw the deceased alive an 9 1446 1960, and that death accurred at 2 PM, from the duses and an the date stated above.										
Comil Jol. Jyeunung 12 MD ATTENDING MED STAFF DIRECTOR STAFF DIRECTOR 13 Jun										22b DATE 5 GNE
NAME (Typ		ME	NNING-	/2 n	3 601 V	VINAN	S WAY	B	9275	29 #
REMOVAL (Spe		OF	23c NAME OF CEMET			23d LOCATI	ON (City, town,		,	Stole)
Buria.			Appress	Park		EC'D BY PEGISTE		altimor ISTRAR'S SIGN		1.
1/1/41. 4.	- Tickener	- 9	Hous -1	Dag	(2) 7 DATE	AND 14	30			

TO HOSPIT/ R ATTENDING PHYSICIAN: The law reguins that the desith certificate be executed within 24 h after death. Page 4 may be reflected by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with the State Board at Health prior to buriol, crematian, or remaval, and in any event, within 72 hours pifer againt. VR A1S (4) 1SM 9/S9

ofter death. Page 4

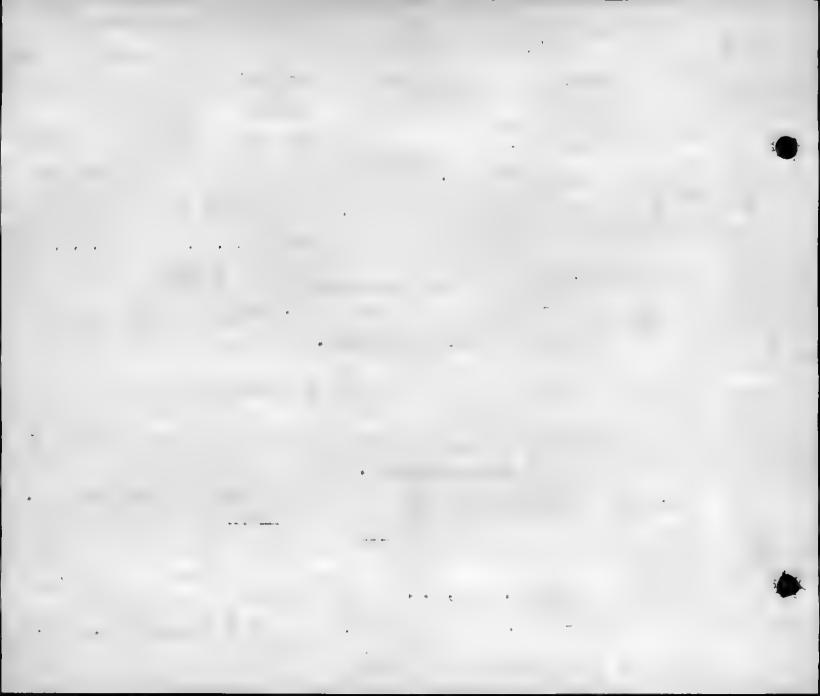


FOR STATE TO DEPCY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an, 3y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 by the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

		Division of STATISTICAL RESEARCH	AND RECORDS	
T		OUTMEDICAL E	AAMINEK S	CERTIFICATE OF DEATH
١.		PLACE OF DEATH •. COUNTY		2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before admission) e. STATE b. COUNTY D. T. L.
		Baltimore	MARYLAND	maryland baltumore
		b. CITY OR TOWN (if outs de corporeto I mits, write RURAL end give neerest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
		Dundalk d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital,	give street eddress)	Dundalk d. Street Address e. IS RESIDENCE
		2804 Creston Road		2804 Creston Road # 2 VES NO E
		NAME OF First DECEASED	Middle	Lest 4. DATE Month Dey Year
		(Type or pr nl) WILLIAM	D.	SMITH DEATH June 10 19 60
	5	SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF B.RTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		Male White WIDOWED	DIVORCED 🔲 C	oct. 15, 1905 last birthdey Months Days Hours Min.
	10a dos	a. USUAL OCCUPATION (Give kind of work 10b KIND Come during most of working life, even if retired)	OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
			Self	Rennert ,N. C. U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	_	John C. Smith		Sarah Bowen
	15. (Ya	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCI is, no, or unknown) ((Eyesgiva war or deleasof service)	AL SECURITY NO 17.	INFORMANT Address
		No		Lillian C. Smith Same
		18. CAUSE OF DEATH [Enter only one cause per line to	r (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shote	gun Wound of	
		DUE TO		
		Conditions, if eny, which (b)		
		gave rise to immediate cause (a), stelling the underlying DUETO		
		cause last. (c)		
	8	PART L. OTHER SIGNIF. CANT CONDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	CAT			YES NO 🛣
	CERTIFICATION	PRIMARY 30 or CONTRIBUTING []	DW INJURY OCCURED. (Enter nature of Injury In Part 1 or Part 11 of Item 18)
		CAUSE OF DEATH Shot s	elf in ches	The same of the sa
	MEDICAL	Hoor DOCC While I	Not While fee	ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)
	ME		ef work	Home Dundalk Baltimore Md.
		21 I certify that I took charge of the remains	described above, he	eld an Autopsy , Inspection . Inquiry , and in my opinion
		death resulted from. Natural causes	Accident Suic	cide X, Homicide , Undetermined manner
		0/-10		CHIEF MEDICAL EXAMINER
All STEEL		SIGNATURE (LANG) J.	1 clly	ASSISTANT MEDICAL EXAMINER TO DATE BIGNED
		examiner's Charles S. Pett	T M T	DEPUTY MEDICAL EXAMINER (6/11/60
	220	1	NAME OF CEMETERY OF	Address (Street, city town, or county) R CREMATORY 22d. LOCATION (City, town, or country) (Stete)
		REMOVAL (Specify)	3 a 3 a 7 a a a a a	
	23.		ADDRESS	lem. 1 7225 Eastern Blyd. Md.
	0		astern Ave	
- 1	Reli	Mary 13 1 Ct	14, The	I DATE

MARYLAND STATE DEPARTMENT OF HEALTH



0609 CERTIFICATE OF DEATH E 0.0 Rea. Dist. No. I director. filed with 1 PLACE OF DEATH · COUNTY 2. USUAL RESIDENCE (Where deceased lived 1f institution: Residence before admission) **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 è (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TO MORC & NAME OF HOSPITAL (IF hospital agive street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Z 4. DATE OF DEATH NAME OF Middle Day Yeor DECEASED (Type or print) 1960 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED 1 DIVORCED [7] 6 10 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME g physician hoer IS WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address othending p 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) DUE TO Conditions, if any, which 761 gove rise to immediate **DUE TO** couse (o), stoting the underfying couse lost PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO 1 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part 11 of item 18.) 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, | 20f (City or lown) (County) (Stote) factory, street, office bldg., etc.) o. m While Not while of work of work 21. I certify that I attended the deceased from_ ., 19.6. Othat I last saw the deceased and that death occurred at M, from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S FUNER. m 220 BURIAL CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) the uria 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Cirching S. Hrank 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



06393 **CERTIFICATE OF DEATH** 6733 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE **b** COUNTY MARYLAND Pro. b. CITY-OF TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RUNAL and give nearest town) Pin d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO'N ond NAME OF *First Middle 4, DATE Year Filled DECEASED OF (Type or print) DEATH Pages 120 19 60 5. SEX 6. COLOR OR RACE 7- MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days DIVORCED [WIDOWED | LI yrs. popers. 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. 81RTHPLACE (State or foreign country) during mast af working life, even if retired) OM ond carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician move hay IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) ending O 2 edse 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH (SI PART I. DEATH WAS CAUSED BY: ŧ JMMEDIATE CAUSE (6) eg G DUE TO ģ permit. Conditions, if ony, b gned gave rise to immediate **DUE TO** catse (a), stating the underlying couse lost. burial-transit physician been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC ending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate õ 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (Stote) (County) USe factory, street, office bldg., etc.) q. m. While Not while of work at work p. m. ine. 1960 that I last saw the deceased 21. I cortify that attended the deceased from burial alive on and that death occurred at___ AM, from the causes and on the date stated above. 9 ADDRESS (Street, city or town, stote) der DATE SIGNED C ACTUAL Pe prior 6014 Loch Raven Elvd.. Balte. SIGNATURE shavid PHYSICIAN'S NAME (Type) Palmisana FUNER n 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify) 60 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Thousa VS A15 (4) 15M 9/55

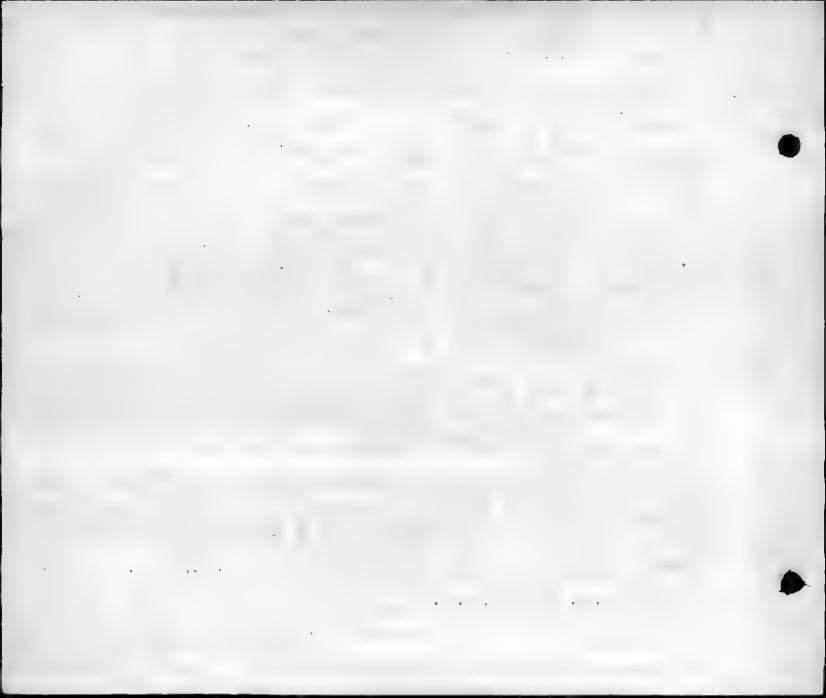
death.

certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



06693

			57	37	_ (ERTIFI	CATE OF	DEAT	Н		Reg. Dis	t. No.	
	1. P	PLACE OF DEATH D. COUNTY	Balto.		: 1	MARYLANI		DENCE (WI	here deceased	d lived. If institutio b. COUNTY	n: Residence		
	b	RURAL ond give	(If outside corporate li nearest town)	mits, write	c LENGTH (OF STAY IN 1		town (if o		rote limits, write RL	nits, write RURAL and give nearest t		
	C	NAME OF HOS	PITAL (If not in hospitol,	Road	et address)		d. STREET	8927	Phila	delphia I	Road	C	RESIDENCE ON A FARM?
		I. NAME OF DECEASED (Type or print)		First Mid JAMES W.		Middle		STANLEY . Sr.		Mont June		Day Year 21. 196	
	S. S	SEX	6. COLOR OR RAC	E 7. MA	RRIED NEVER	MARRIED _	B. DATE OF BIRT	H					JNDER 24 HR
		male	white	WIDO	WED C	OIVORCED [Dec. 1	8, 190	00	last birthday) 59 yrs.	Months [Days Ho	ours Min
	10a	USUAL OCCUPA	TON (Give kind of wor orking life, even if retire	ed)	B. KIND OF BUS	**	OUSTRY 11 BIRTHP		-	ountry)	12 CITIZ	EN OF WI	AT COUNTRY
-	13.	FATHER'S NAME		•			14. MOTHER	MAIDEN	NAME				
	1	James W	Stanley				Ma	rv Hai	mberge	r			
	15.		VER IN U. S. ARMED FO	DRCES? 1	6. SOCIAL SECU	RITY NO. 17	. INFORMANT			Addr	ess		
	(105	yes	World W		213-05-	3281	Mr. J. W.	Stan	lev -	8927 Phil	ladelp	hia F	Rd.
			immediate DUE	(o) (O)	arla	end (c).	Corne	Ac sto	orth	alter d	Silver	ONSET	NL BETWEEN AND DEATH
ķ.	CATION	PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOF PERFORMED YES NO											ERFORMED?
		OR CONTRIBUTION	MAS UNDERLYING [] NG [] CAUSE OF DEAT FY MEDICAL EXAMINER	н	ESCRIBE HOW IN	JURY OCCUI	RED. (Enter noture	of injury in	Port I ar Pari	t II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m. 19 at work at work at work 19 a										(Stot	
**************************************	230) 	firm	2.7=	and tha	n ATTENDIN PHYS 22d ADDR OR CREMATORY	d at ///	M, fram		d on the	date sta	22b DATE SIGNE 73/62
		REMOVAL (Speci	6/25/60		Loud	on Par			Bal	to. Md.			(State)
	24.	PUNERAL DIRECTO	LE RI	ult	4 ADDRES	s	valto!	DATEUN	D BY REGIST		STRAR'S SIG		

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VR A15 (4) 15M H/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

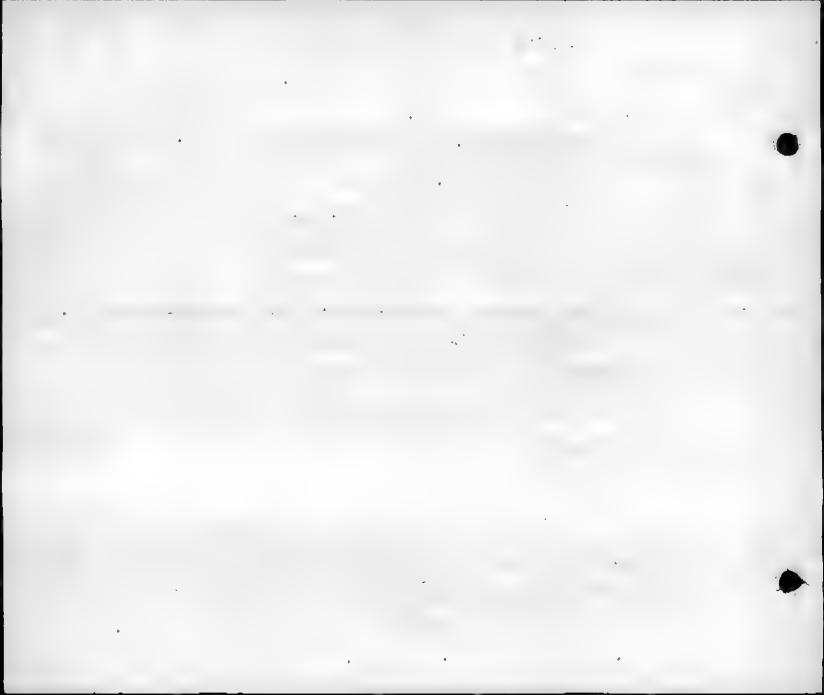
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L			2	GERTII IQ7	* I L				(10	9 12 ()
1 F	LACE OF DEATH					UAL RESIDENCE (Wh	ere decease		an. Residence b	efore admission)
C	Ba;	ltimore		MARYLAND	a.	Md.		b. COUNTY	Bou	ita.
Ŀ		autside carporate limit	ts, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL and give	nearest town)
	RURAL and give nea	oneleigh		30 yrs.	1	Baltimor	е			
-	S. NAME OF HOSPITA	L (If not in hospital, g	ive street		1 9	STREET ADDRESS			-	e IS RESIDENCE
-	OR INSTITUTION	l Stonele	igh	Rd.	116	01 Stone	leig	h Rd.		YES NO
	NAME OF DECEASED	Fire	ħŤ .	Middle		Last	4. DATE	Man	th	Day Year
	Type or print)	Berta		D. St	effe	ns	DEATH	June	1	8 19 6
i. S	EX	6. COLOR OR RACE	7. MAR	RIETT NEVER MARRIED	B. DAT	E OF BIRTH		9 AGE (In years lest-birthdoy)		AR IF UNDER 24 H
	Female	White	WIDOW	ED DIVORCED	00	+ 10 18	PA .	79 yrs.	Months Doy	s Hours Min.
Ga.	LISUAL OCCUPATION	N (Give kind of work o	lone 10b	KIND OF BUSINESS OR INC			or foreign o	country)	12 CITIZEN	OF WHAT COUNTR
	Housewi	ng life, even if ret'red)	'		6	ochneuki	rch	Germany	U:	SA
3.	FATHER'S NAME				114.7	MOTHER'S MAIDEN N	NAME			
	Bernha	ard Deuss	en			Valland	~ ^	-		
S	WAS DECEASED EVER	IN U. S. ARMED FOR	CE52 1A	SOCIAL SECURITY NO. 117.	INFORM	<u>Katheri</u>	.116	Esser	ress	
		f yes, give war or dates of s			C 7	17 01-00		/03 01		
_					Carl	W.Steff	ens	bol Stor	releig	
			use per li	ine for (a), (b), and (c)	10	. 1. 1/.	-			NTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a	Klu.	MENUMBER	(A)	Salo Vas	scul	ar Krie	are	
	Lhit A.	DUE TO	/	11	0			-		
	Conditions, if an	y, which)	-12	Tiloripper	ero	olo)				
	gove rise to im		10	eriperal						
	cause (a), sloting to lying cause lost,	he under-								
z				CONTRIBUTING TO DEATH B	UT NOT R	EJATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART 1(c	19. WAS AUTOPS
ATIC									,	PERFORMED?
E.	20a. ACC DENT WAS	T DANIDERIVING T	20h DES	SCRIBE HOW INJURY OCCUR	DED /E-1	u active of lawry in I	Part I ar Pa	et II of Itam 10)		ICS [] NO [
CERTIF	OR CONTRIBUTING	□ CAUSE OF DEATH I	200. 063	SCRIBE HOW INJURY OCCUR	KED. (EIN	a undire of enfort in i	ron i oi ru	it ii o tien is j		
	(IF EITHER, NOTIFY I									
DICAL	20c TIME OF NURY Hour o m,	Manth, Doy, Yes	⊐r 20d. i While	4		INJURY (Home, form treet, office bldg., etc.		y or lown)	(Соля	ity) (Sto
MEDI	p m.	19		rk at work	0	4.4		Α		
	21 I certify that	(I) (this hesseted	- atten	ded the deceased from	. 0	10	I1 10	ums 1	8 19/01	that (i) (wa)-la
	saw the decease			16 1960 and that		accurred at 2	7 7	the causes an		
	22d 5 GKATURE		77	/ ORG IIIOI	Dearty	decorred dig 5	145, 1101	The cooses on	id on me d	22b DATE
	Tanna	00 (178	and	2	M.D Í	ATTENDING ME	ED RECTOR	STAFF	61	20/6 31GN
	22c AHYSICIAN'S	ec Coll c	7-2-7	21/1		2d ADDRESS /	rector L	DIL	at.	100
	NAME (Type)	HIRFNE	/=	(Post		680501	ark.	Kd, - 12a	lline	12/11
		MALTE	<u>ب</u>	CVIOTI		A	,,,,			
230	REMOVAL (Specify)	N, 236 DATE THEREC)ł	23c NAME OF CEMETERY		AATORY		AT ON (City, fown,	or county)	(Stote)
	Crema dio		-,60	Greenmo	unt			ltimore	ma.	
_	FUNERAL DIRECTOR'S		200	ADDRESS 4905	7		D BY REGIS		STRAR'S SIGNA	at a second
-46.	rattra A .	Jenkins -	· moi	as Co. York	Kd	DATE EL	IN 22	Du C	I Or Limital	V Common

committeely filled in by the funeral director, papers. Pages 1 and 2 should be filed with 10 HOSPITE A ATTENDING PHYSICIAN: The low requires that the death certificate be executed may be recorded by the haspital or oltending physician.

10 FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physisian and committee and the description of the purial permit. Then allegae remove carbon papers.

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 6736

CERTIFICATE OF DEATH

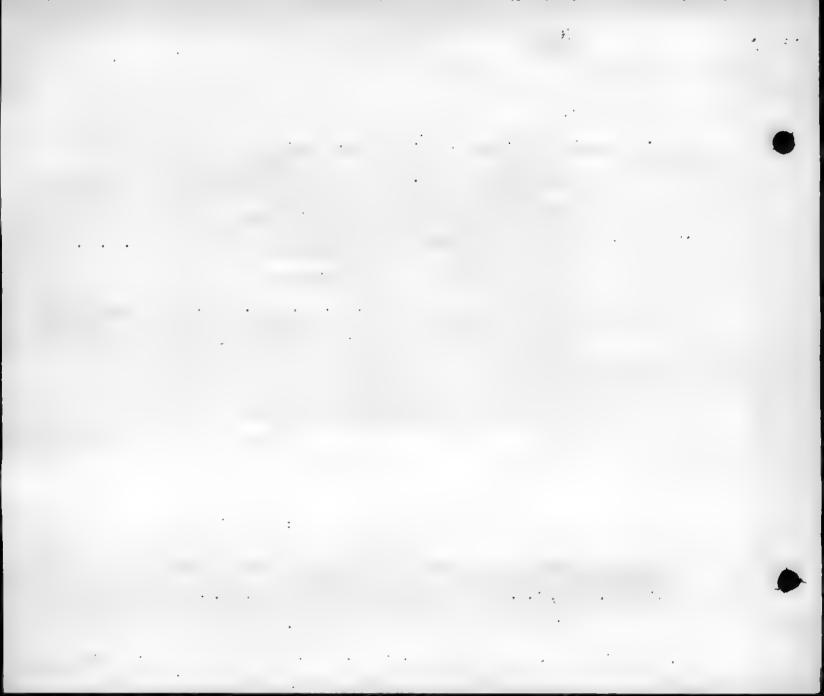
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0100				
1. PLACE OF DEATH o. COUNBaltimore	MARYLAND	2. USUAL RESIDENCE (Who of STATE Maryland	ere deceased lived If institution b. COUNTY	tion Residence before admission)
b CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	rite c LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits, write	RURAL and give nearest town)
Fort Howard	29 Days	X Baltimore		
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	treet address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Veterans Administr		3524 Essex	Road (7)	YES NO D
3 NAME OF First	Middle	Last	4 DATE Mo	onth Day Year
(Type or print) ARUNAH	В.	STEINFELT	DEATH June	2 1960
5 SEX 6 COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n years last birthday)	
Male White wm	DOWED DIVORCED [March 14,1894		
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY
Oil Burner Mechanic	Oil Service	Baltimore	. Maryland	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		7.1
Charlie Steinfelt		Margaret Ca	allahan	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT		dress
Yes, no, or unknown) (If yes, give war or dates of service)		in.Rec.VAH.Bal	to.18.Md. For	t Howard Division
18 CAUSE OF DEATH [Enter anly ane couse		,		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	CARCINOMATOSIS_o:	f UNKNOWN PRIM	MARY STIE	ONSET AND DEATH
199 IMMEDIATE CAUSE (a)	OMIOMIOMILO ADO	2_01110101111 21120	M hi) is a special second	OHIMIOHII
Conditions, if any, which }				
gave rise to immediate				
lying cause lost.				
PART II OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM!	NAL DISEASE CONDITION G	IVEN IN PART I(a) 19 WAS AUTOPSY
NTA.				PERFORMED?
PART II OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II of item 18)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20d INJURY OCCURRED 20e, PL	ACE OF INJURY (Home, farm	20f (City or town)	(Caunty) (State
Hour a.m	Vhile Nat while fa	ictory, street, office bldg , etc.	.} (, , , , , , , , , , , , , , , , , , , ,
		Marr II . F	O Tuno 2	60
21 I certify that (*) (this haspital) at	tended the deceased from	1:20	0 to June 2	19 60 that (we) last
saw the deceased alive on June	= 1900, and that c	death accurred atP	M, from the causes a	and an the date stated above
220 S GNATURE		ATTENDINGME	ED. STAFF	SIGNED
22c PHVS:CIAN'S	- 26	M.D PHYS DI	RECTOR PHYS 🔯	6/2/6
NAME (TYPH)	100		18 MD FORM	HOWARD DIVISION
CLYDE B. COFE, M.D.	les vivie et est est			
230 BURIAL CREMATION 235 DA* THEREOF REMOVAL (Specify) Burial	Baltimore Na		Baltimore	Maryland (Stole)
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR S SIGNATURE
Wm. Cook-Blight, Inc. 600	9 Harford Rd Be	ilto.14.Mbar J	UN 6 '60 C	Tather & House

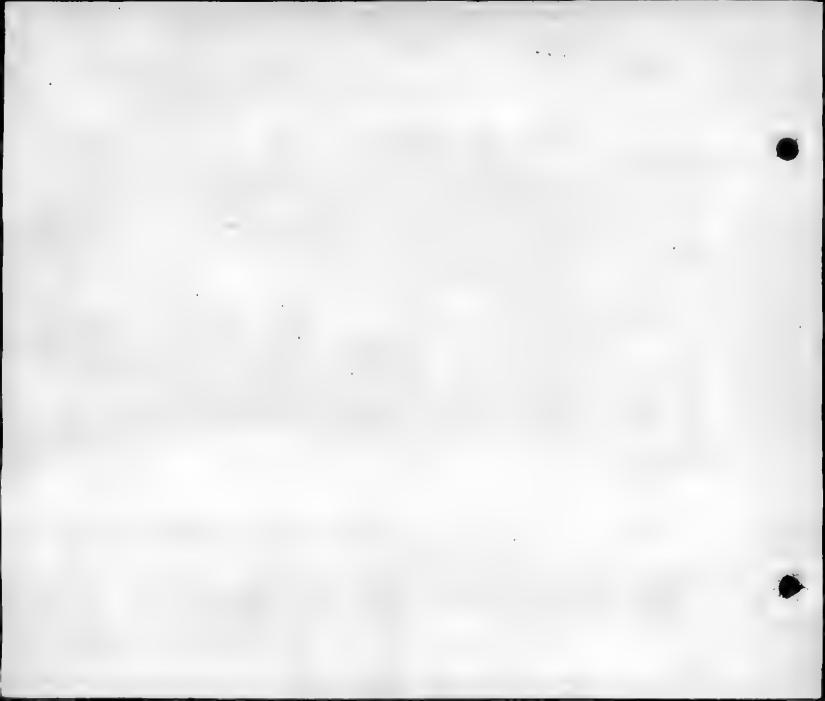
ifter death. Page 4 director filed on Ly the funera. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha. desib TO HOSPITA A ATENDING PHYSICIAN: The low requires that the death certificate be executed within may be recorded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer de

VR A15 (4) 15M 9/59



(X)J	χ∤	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06762
FOR ST	ATÉ.		673 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	1.	PLACE OF DEATH
Poge les ealth.		-	MARYLAND STATE / UM B. COUNTY DECOUNTY
of H	M)	b. CTY OF TOWN (II out of a constitution of R. RAL ord STAY IN The CTY OF TOWN (If out of de proporte limits, write RURAL and give nearest lown)
oard oard			d NAME OF HOSPITAL OR VISTIBLIAN (II nation hospital g valle poddress) d. STREET ADDRERS)
0 to 0 to 0 to 0 to 0	And the same	3	MAME OF JOST A DATE Month Doy Year
dele he fu e refo er des	,		TEN JER DEATH JEWE 29 1960
If an It and It		(SEX 6 CO. OR OR RANT 7. MARRIED NEVER MARRIED 0. DATE OF PRINT OF PRINT OF THE PRIN
ond ond of a part of a par		11	OU USUM OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BY THPLACE (Slote or Apreign Country) 12. CITIZEN OLYMATICOUNTRY?
Page I on			during roots of working his Joven il feitred). M.A USA.
ms of pages P.M.3.	I	1	3. PATHER'S NAME DISTURDED 14. MOTHER'S MAIGHT NAME DE PROPERTIES
A hour	•		S. VAS DECEASED EVER IN U. S. ARMED FORCES? 19 SOCIAL SECURITY NO. 17 INFORMANY Address
thin 2 8. G with 4 ait. I			1/0 Wye / Same
em I long pern ond i			18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)] PART I. DEATH WAS CAUSED BY:
in It is it is on sit on sit.			IMMEDIATE CAUSE (o) DUE TO DUE TO
Percil or Offi read the			Conditions, if ony, which gove rise to immediate couse (b) Thypocola (degree). C feeling to the second course (c)
in in miner of bu			(c), storing the underlying DUE TO (C) (c) (C)
tding tding Exam ed as		100	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED?
"per dical dical		i,	AE2 NO
word word of Me		1 / 60416	CAUSE OF DEATH.
Chicago		I CICLIA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 FLACE OF INJURY (Flome, form, 20f (Cry or town) (County) (Stole) While Notwerk of work o
MIN Triting to the Poge prior		3	21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in may
ded a gent.			opinion death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined manner
Piffice prwar RECT	-)	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE/SIGNED
A Digital			EXAMINER'S TODALK T VASIN TO ASSISTANT MEDICAL EXAMINER 0 6/29/60
ould out		2	NAME (Type) DEPUTY MEDICAL EXAMINER
exec by the o			REMOVAL (Specify) 7-2-60 (Slote)
VII A15ME	,	2	ADDRESS ADDRES
5M 2/57	19'	E	Serrica Security of DATE JUL 1 '60 Onthur & House



		()	6	7	(ř	3
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- 1											
ĺ		losewood Sta	te Tra	ining Sch	1001 2	USUAL RESIDENCE (V	Where decease	d lived If institut b. COUNTY		e before ad	missian)
	b CITY OR TOWN	(If autside carporate lim	ils, write	LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN (I	f autside carpa	rate limits, write l	RURAL and gi	ive nearest	fown)
	Owings Mil	Is, Marylan	d	3 months	3]	Baltimore,	Maryla	nd		310	1.4
	d NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, (give street ad	idress)		d. STREET ADDRESS					RESIDENCE N A FARM?
A.	Rosewood S	State Traini	ng Sch	1001		224 South E	Bruce S	treet		YES	NO IN
3%	3. NAME OF DECEASED	Fi	rst	M*dd4	e	Last	4 DATE	Ma	oth	Day	Year
	(Type or print)		chael	Anthor		Stickel	DEATH	6		21	19 60
	5 SEX	6. COLOR OR RACE	7 MARRIE	D NEVER MARR	IED 📑 B. I	DATE OF BIRTH		9 AGE (In years lost birthday)			NDER 24 HRS
	Male	White	WIDOWED	DIVORC	ED 🗍 (3/6/59		yrs	10	16	
	10a USUAL OCCUPATION during most of we	TION (Give kind of work arking life, even if relired	dane 105 KI	IND OF BUSINESS	OR INDUSTR	11 BIRTHPLACE (Sto		ountry)	12 CITIZ	EN OF WH	AT COUNTRY?
2						Maryla	and			U.S	.A.
-	13. FATHER'S NAME					4. MOTHER'S MAIDEN	INAME	,			
/		int Stickel				<u>Lillian M</u>	lay Tho				
	15. WAS DECEASED E	VER IN U. S. ARMED FOR { } F yes, give wor or dates of	RCES? 16. SC	OCIAL SECURITY NO				Add	dress		
	no			0-0-70		ewood Recor	rds				
		EATH [Enter only one contact that was caused by.								ONSET A	L BETWEEN
	TAKI I. D	IMMEDIATE CAUSE ()Bro	nchopneur	nonia			· · · · · · · · · · · · · · · · · · ·		1 we	ек
	200-	DUE TO			(InI	Disease				Birt	h
	Conditions, if gove rise to	immediate		ngenital 1	Heart	Disease					
	cause (a), statin	g the under DUE TO	3/	ngolism)					Birt	h
		THER'S GNIFICANT CON	/		FATH BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19 W	AS AUTOPSY
	PART II C	men 3 Gran real a Con-	(OIIIO/43 <u>CO</u>	<u> </u>	2011	, REGITED TO THE TER	MINAL DISEAS	E CONDITION OF		PE	RFORMED?
	20g. ACCIDENT	WAS UNDERLYING	20b DESCR	TIBE HOW INJURY	OCCURRED (Enter nature of injury i	n Part I ar Par	t II of item 18)		165	
	200. ACCIDENT NOT CONTRIBUTION (IF EITHER, NOT III	IG CAUSE OF DEATH			,						
		URY Month, Day, Ye		IURY OCCURRED		OF INJURY (Home, fo		r ar town)	(C	aunty)	(State)
	20c. TIME OF INJ.	10	While at work	Nat while	factar	y, street, office bldg., e	etc.)				
					3/	17/60	10 1-	6/21/60	10	ilone (D. Gual Iani
	21 I certify i	hat (1) (this hospital ased alive on 0/2	21/60	to and deceased	i itom	th occurred of		The couses a			
	22a SIGNATURE	ased dive on		17 7 GR	a inor dec	in or.curred or	145, 11 OIII	The couses of	nd on me	dole sio	22b DATE
	Edan	read I. I	Mat	the anas-2	M E	ATTENDING PHYS	MED D RECTOR	STAFF PHYS X		6	5/21/60
	22c PHYS CIAN				-	22d, ADDRESS	Owings	Mills,			
	NAME (Type	Edward J.	Math	ews		Rosew	ood Sta	te Train	ing Sc	chool	Box 18
	23a BUR AL, CREMAT	ION 236 DATE THERE	OF O	23c NAME OF CEA	METERY OR C	REMATORY	23d LOCA	T ON (City, town,	or county)		(Stote)
	REMOVAL (Speci	L 6-24.	-60		on do	IN TARK	B	ALTIN	ORE	MO	¥.
	24 FUNERALDINE	THE SIGNATURE SM		1 -			C'D BY REGIS		ISTRAR'S SÍG	NATURE	
	Mes J	L) I knowl	51	11719	D. I.l.	CALL DATE	IUN EZ (JU	Land Mr.	/www.	

TO HOSPITAL RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. Iter death. Page 4 may be refused by the haspital an ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be tilled with the State Board at Health prior to burial, cremation, or remaval, and in any event, witpus 22 hours after death

VR A15 (4) 15M 9/59_





CERTIFICATE OF DEATH 6740 I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY. **b.** COUNTY MARYLAND ľ b. CITY OR TOWN (If outside corporate limits, write c. CITY pe c. LENGTH OF STAY IN 16 ORITOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TO d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION oug .5 NAME OF Middle 4. DATE OF p -DECEASED (Type or print) DEATH Poges 262 S SEX. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE In years lost pirthelay) DIVORCED [7] WIDOWED A papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRESPIACE (Stote or foreign country) during most af working life, even if retired) and 上 certificate be 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME E ysics move 16. SOCIAL SECURITY NO INFORMANI nding 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any which (b) gove rise to immediate per DUE TO couse (o), stoting the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY burial-200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o m. While Nat while at work | of work p. m. 1969 that I last saw the deceased 21. I certify that I attended the deceased from . ta 60 , and that death occurred at 8 10 A. M. from the causes and on the date stated above MUNERAL DIRECTOR: age 3 shauld be detoc ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22 LOCATION (City, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY page REMOVAL (Specify) 0 23; FUNERAL DRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(County)

Civiling S. House

YES NO IT

(State)

DATE SIGNED

(State)

1960 20

Months

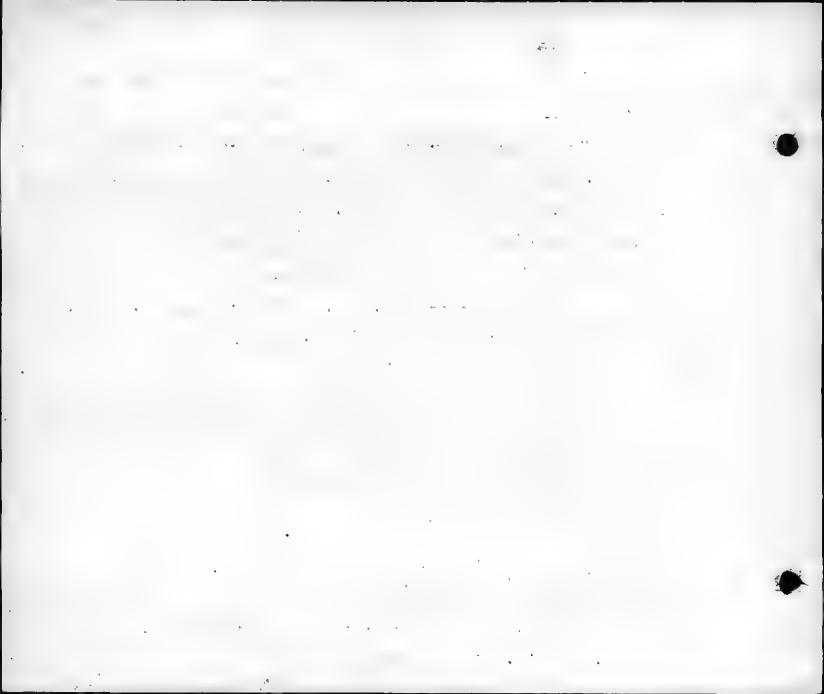
ON A FARM? YES NO -

Year

1960



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

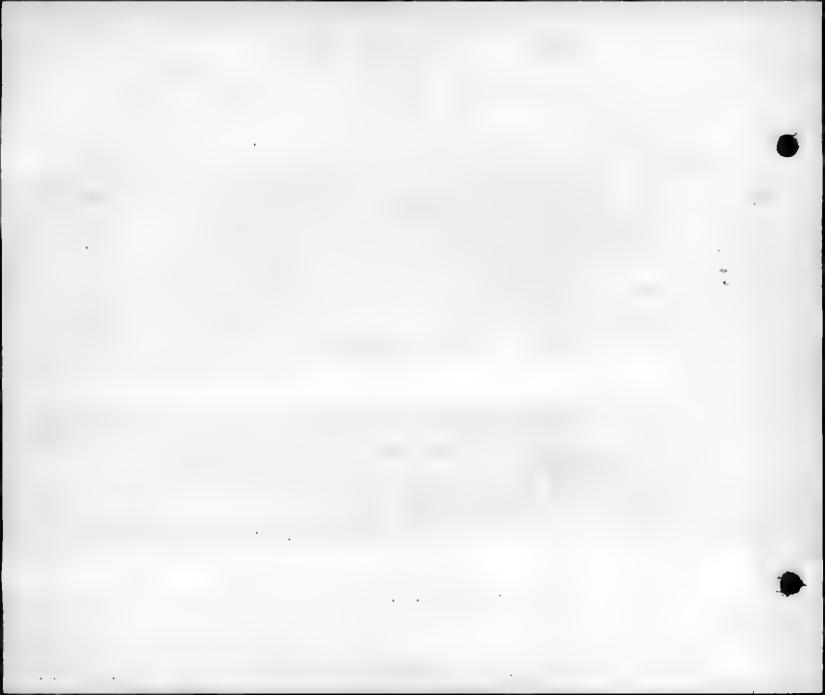


			/	
VINCE THE SECOND TO SECURE STATE THE DECINICATE DE EXECUTED WITHIN A MOST CONTINUE OF COURSE ASSET OF COURSE A	,	After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	thed far use as the burial-transit permit. Then please remave carbon pleas Tanges 1 and 2 shauld be filed with	1
r dearn.		funeral o	uld be fill	
2	_	the	sho	
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may be r by the hospital or attending physician.	INERAL DIRICTOR: After this certificate has been signed by	e 3 should be detached for use as the burial-transit permit.	the engineer prince by briefal section by sections and in the
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
742	CERTIFICATE OF DEATH	

			0142		CEKIII		416	OF DEA	411				Reg. Di	st. No		~
1, [COUNTY		imore		MARYL	AND	2 L	STATE Ma 1	y la			nstitutio IUNTY	9790	ce before.		s on)
l	CITY OR TO	OWN (If outsi	de corporate lim	ils, write	c. LENGTH OF STAY I	N 16		CITY OR TOWN	4 (If o	utside carpo	orate limits, s	vrite RU	RAL and	give nec	arest low	n)
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-	OR INSTIT	HOSPITAL (IF	not in hospital, (give stree	et oddress)			d. STREET ADDRE	SS							SIDENCE A FARM?
S	PRING	GROVE	STATE	HOS	SPITAL		/	Holder	Ave	enue] NO [
3 1	NAME OF DECEASED		Fi	rst	Middle			Last		4. DATE		Mont	h	Do	ıy .	Yeor
	Type or print)	LeRo	у			Ta	lbert		OF DEATH		Jur	10	3		19 60
5. 5	EX	6. C	OLOR OR RACE	7. MA	RRIED NEVER MARRIE	0 🔼	B. DA	TE OF BIRTH			9 AGE [In lest buth					ER 24 HRS
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	_	aborer			farming			Marylan	ıd				U.	S,	Α.	
13.	FATHER'S NA	ME					14.	MOTHER'S MAIE	DEN N	AME						
		Jam	es Talbe	ert				Eliz	abo	eth We	eiland					
	WAS DECEAS		J. S. ARMED FOR		6. SOCIAL SECURITY NO.	17 ti	NFOR	MANT				Addre	ess			
	unknew				Unknown	R	ecc	rds: 31	PRI	NG GI	ROVE	S TA	Th H	IOSF	ITAL	
			Enter only one co	ouse per	line far (a), (b), and (c)]										ERVAL BI	
	PART	I. DEATH W	AS CAUSED BY: EDIATE CAUSE (c	าร์	Bilateral	pne	umo	nia						ON	SET AND	DEATH
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	lying caus		(4	:]												
CERTIFICATION	PART	II. OTHER SIG	SNIF!CANT CON	DITION	CONTRIBUTING TO DEA	TH BUT	NOT	RELATED TO THE	TERMI	NAL DISEAS	E CONDITIO	N GIVE	N IN PAR	[1(o) 1	PERFO	AUTOPSY DRMED? NO 🏠
1 1	200. ACC DE OR CONTRIL (IF EITHER, I	INT WAS UNI BUTING TO CA NOTIFY MEDIC	DERLYING [] NUSE OF DEATH CAL EXAMINER)	20b. DI	SCRIBE HOW INJURY OC	CURREI	D. (En	er noture of inju	ry in P	art I or Par	t II of item 1	8.)				
MEDICAL	20c. TIME OF		onth, Day, Ye	Whil		20e PU foo	ACE C	F INJURY (Home, street, office bldg	form,	20f. (City	r or lawn)		((County)		(Stote)
	21 Logs	ify that L	attended the	decer	sed from May	5		1960 ta		June	3 1	, 60	that I	last s	nu Also	decease
		June		10	60, and that		acc		2:30	a.	n the cau	·	, IIIUI I ndi am al	hada	44-4	derens
	direc an		(1	, '/_	0 0		uee	orred di			treet, city or			ie aa		ATE SIGN
	ACTUAL SIGNATURE		Xila	, 1	vactur		M D	SPRING		GROVE	STATE		OSPIT	LAT	6	-3-60
							m.D,									
	PHYSICIAN' NAME (Type	5	Stell	la Wa	achsler, M.	D.		Caten	svi.	lle 2	8. Mar	yla	nd			
220			b. DATE THEREO	OF.	22c. NAME OF CEME	TERY O	R CRE				TION (City.	awn, or	county)		(Stot	te)
1	BURI		6/6/6	0	mT	OL	14	E		Z	SAL	10			m	0
23.		ECTOR'S SIGN	NATURE /		ADDRESS				REC'D	BY REGIST	RAR 24b	REGIST	TRAR'S SIG	SNATU	RE	
2	10 him	- 4.	114	-32-	Luca 1	5A.	47	D. MDI	E TIER	7 16	0			1.		



					
1. PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived If institute b. COUNIX	
	-/ MOME	IONON	11	yLand	BALT, MICE
b. CITY OR TOWN RURAL and give i	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write R	URAL and give nearest town)
8/ /	ThorpE	154PS	1 H	ALEThoRNE	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	t oddress)	d STREET ADDRES		e. IS RESIDENCE ON A FARM?
5629	Ash bourn	UERO	5629	45h bourn	5 Rd YES NO B
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	th Day Year
(Type or print)	H4945T	MEDERICK	TARYN	NUN	
S. SEX	6. COLOR OR RACE 7. MAR	RIED - MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
MALE	white WIDOW	VED DIVORCED	SEPT. 6, 1	1899 60 m	Months Doys Hours Min.
100. USUAL OCCUPAT	ION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	State or foreign country)	12. CIT-ZEN OF WHAT COUNTRY?
	rking life, even if retired) LNOPECTER	Post of Fice	MAR	VLAUD	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAID		
HE	ury TAK	'4N	MAR	V DYN9	
15 WAS DECEASED EV	ER IN U/S. ARMED FORCES? 16	SOCIAL SECURITY NO 17.	NFORMANT	Ādd	// // // // // // // // // // // // //
No	NONE	NONE L	ENA E. TAI	RYN 5629 AS	Chbourne Rd.
	ATH [Enter only one couse pan I	line for (o), (b), and (c).	- /		ONSET AND DEATH
PART I. DE	ATH WAS CAUSED BY	1 unities	include	cere	reactive
1 420	DUE TO	,			<i>C</i> :
Conditions, in	ony, which)	Carrier iles 1	Ringer A	ad Well mise	and Gradell
gove rise to	immediate (VIII -	111
lying couse lost	ine under-				
		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIV	/EN IN PART I(6) 19 WAS AUTOPSY
S CLL	Beal (mon oners.	in O you coul	Mornica		PERFORMED?
20a. ACCIDENT W	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	ED (Enter noture of injur	y in Port I or Port II of item 18.)	
US (IF EITHER, NOTIF	Y MEDICAL EXAMINER)				
\$ 20c TIME OF INJU	IRY Month, Day, Year 20d.	INJURY OCCURRED 20e. PI	LACE OF INJURY (Home,	farm, 20f. (City or town)	(County) (State)
∯ Hour o.m.		e Nat while to	ctory, street, office bldg.	, elc.)	
	· · · · · · · · · · · · · · · · · · ·		1310	2051 100 101	20/20 41 . 41 . 41
1 1 '	ot (I) (this haspital) atten	CZI		192 f. 10 _ Cf Lf_	_, 19 hat (I) (we) last
sow the deced	sed alive an 4-1-1	19 <u>2_/</u> , and that	deoth accurred a	. 1.M. from the couses on	d on the dote stated above.
22d Ja GIVATURE	will it on		ATTENDING _	MED _ STAFF _	22b DATE SIÇMED
22c PHYSICIAN'S	The bost of the		M.D. PHYS.	DIRECTOR PHYS	- C/13/6V
NAME (Type)			22d. ADDRESS		, ,
23o. BURIAL, CREMATI	ON, 23b, DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
REMOVAL (Specify	7) / /	Loydon	PARK	BALTINGE	1
24_FUNERAL DIRECTO	B'S SIGNATURE -	L I-ADDRESS			STRAR'S SIGNATURE
1 CAEO 6 JE	AN MIELL 210	1 140-18	~		
year memorine	14. Marcher W. CC	21 March March Comment Comment	UAIC	01N-2-1-260 G	other S. Firms

VR A1S (4) 1SM 9/59



Loudon

Wise Ave. 22. Md.

24a, REC'D BY REGISTRAR

'60

DATE JUN 7

24b. REGISTRAR'S SIGNATURE

arilar & King

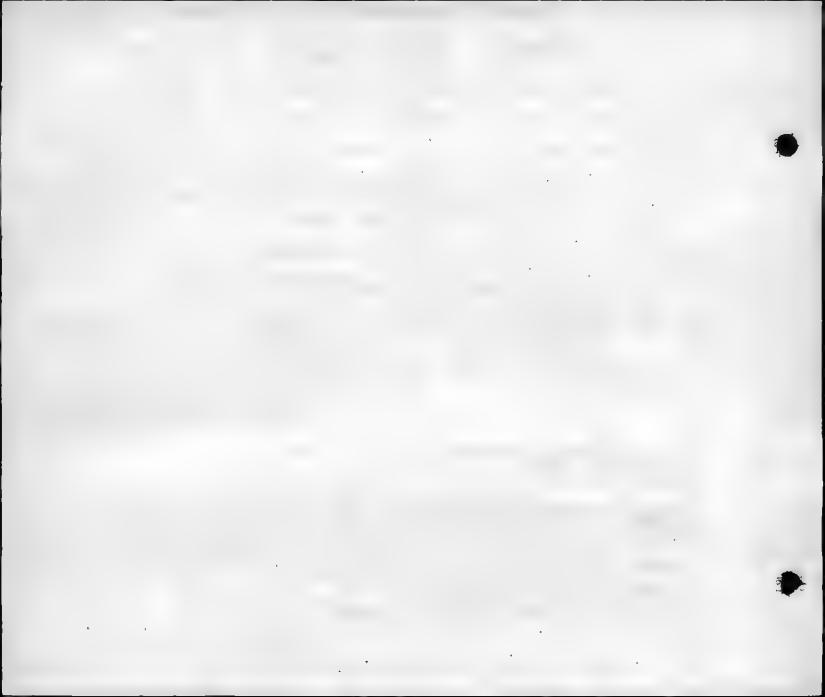
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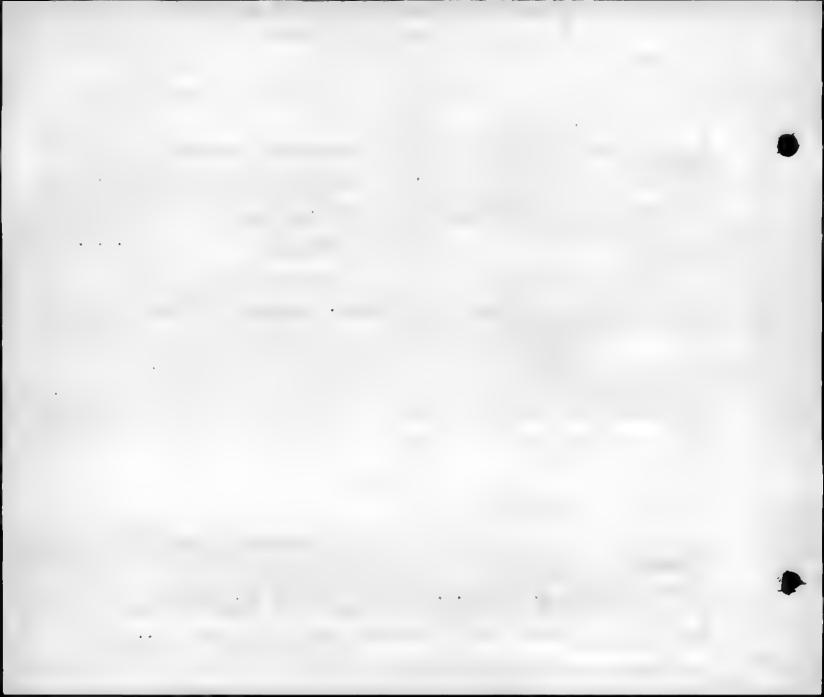
23 FUNERAL DIRECTOR'S SIGNATURE

J. DUDA 7922

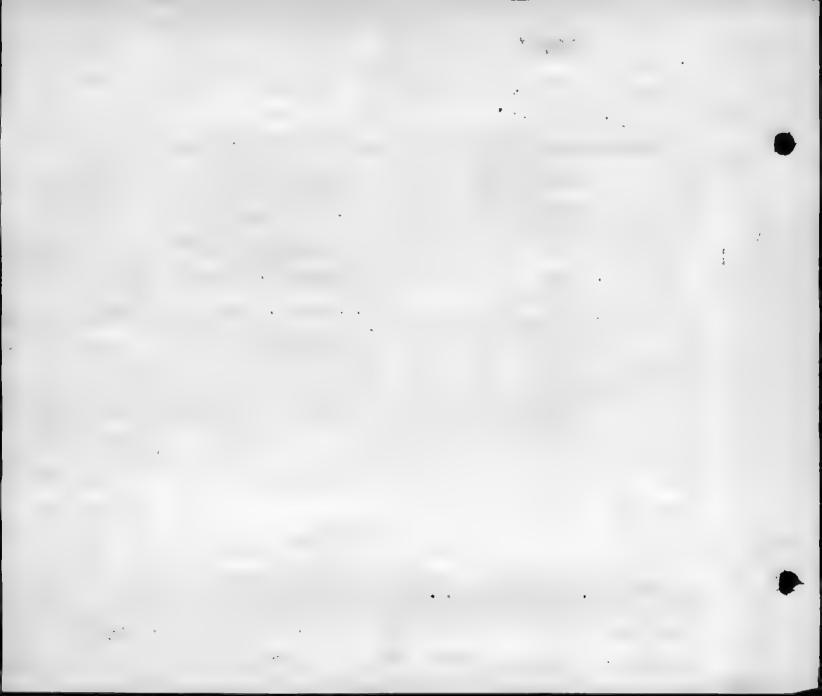
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1 Van	11 m 18 Film 167- 2/15/60 45. MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FUR STATE	674MEDICAL EXAMINER'S CERTIFICATE OF DEATH	_
HEALIN DEPT.	1. PLACE OF DEATH e. COUNTY b. COUNTY c. COUNTY	onj
Page Faulth	Baltimore Maryland b. COUNTY Baltimore Baltimore	
88 E # A A	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)	
- 2 % @ [©]W\	write RURAL and give neerest town; Parkville Parkville	
Soar dir	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 1 e. IS RESIDE ON A FAI	
T e g e	1608 Wentworth Road YES No	
any betain Stark death	3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF	
the the	(Type or print) LINDA CAROL TROY DEATH June 13 1960	
A S S S S S S S S S S S S S S S S S S S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	
mand man	Female White WIDOWED DIVORCED Dec. 27, 1959 Mophis Days Hours M) »
afte 2,2,0	10a. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired) 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. C.TIZEN OF WHAT COUNTRY 11.	TRY?
Pagurs Pagurs	child Baltimore, Maryland USA	
A3.	13. PATHER'S NAME	
22 P.	Peter L. Troy (arolyn M. Bagrosky	
S. Gi	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] (If yesgive were released service)	
A Paragraph of the second of t	Mr. Peter L. Troy, same	
Cute in p ≪	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] ONSET AND DEAT ONSET AND DEAT	
notil in	PARY I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Interstitial pneumonitis	-
TA M M = ->	The Due to	
should to so Office a burial emoval,	Conditions, if eny, which (b)	
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gave rise to immediate cause (a), stating the underlying DUE TO	
"pend Xamin used 2	cause lest, (c)	-=
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1:e, 19. WAS AUTO PERFORME YES NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part or Part of Item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
This co	YES NO YES ON ᆜ.	
9 6 0	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Pert I or Pert II of item 18.)	
INE fing the hine for		
Chilifi o	Hour e.m. White Not White fectory, street, office bldg., etc.)	
EXAMINER ste, writing the Chief M R: Page 3 sh		
1 2 5 O v	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry I, and in my opinion	'n
CALIFICATION CONTINUES CON	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .	
TEDIC the cer rwarde DIREC	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER TO DATE SIGNED	
ACUte the be forw. RAL DI ignated	SIGNATURE M.D.	
PL AE ON WERAL D	EXAMINER'S NAME (Type) W. Bradley King, M.D. Address (Sireel, city, town, or county)	
	22e. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)	1
or its	REMOVAL (Specify)	
Ř Ř	23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REG.STRAR'S SIGNATURE	
VS. A15ME 5M 7/S9	Leonard J. Ruck 5305 Hartord Road #14 DATE JUN 15'60 and & thank	
The state of		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIRECTOR:

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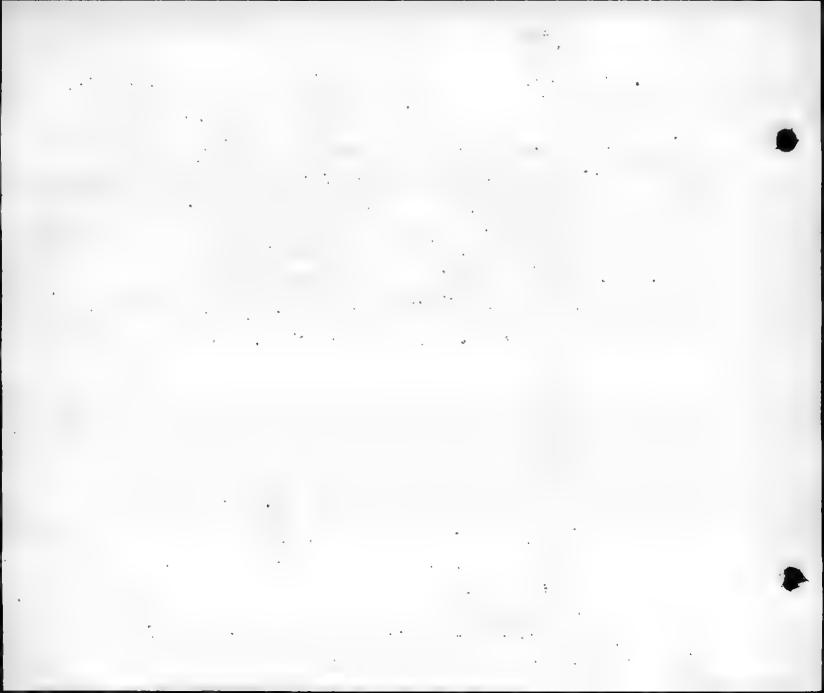
VS A15 (4)

15M 9/58

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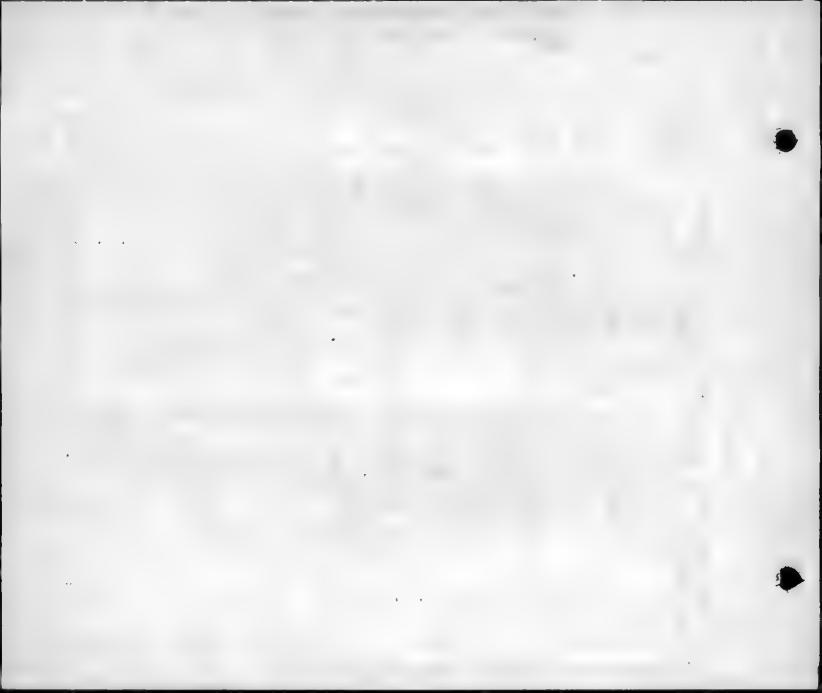


VS. A15ME[5] \$M 9/55 17 2

06714

Reg. Dist. No.

	PLACE OF DEATH D. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE Mary Land D. COUNTY										
	o. CITY OR TOWN (IF and give nearest town) Caton	outside corporate tients, write	RURAL	c. LENGTH OF STAY IN 26yrlldays	16	e cor or town Baltimor		porote limits, write	RURAL and g		own)
		LORINSTITUTION (ROVE STAT		pital, give street address) SPITAL		d. STREET ADDRESS 1823	Riggs .	Avenue		ON	RESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	Mor garet		Middle	7	/incent	4. DATE OF DEATH	Monti June	9	,	Year 19 60
5.	fema l e	6. COLOR OR RACE White	7. MARRII WIDOWEI	D NEVER MARRIED DIVORCED		Feb. 12, 18	376	9. AGE (In years lost brighty) OLL yrs.	Months Do		Min.
100	during most of working	N (Give kind of work of life, even if retired) 1Sewife	done 10b. I	IND OF BUSINESS OR IN	DUSTR	Maryla Maryla		country)		N OF WHAT	COUNTRY?
		as B. Vince				14. MOTHER'S MAIDEN Helen I		n			
15 (Ye	was deceased ever	R IN U. S. ARMED FO	service)	social security no. I		cords: SPR	ET G G	Address ROVE STA		SPITAI	
ATION	PART 1. DEATH Conditions, if on gove rise to immedi (o), stoting the uncurse lost.	ote couse DUE TO		for (o), (b), and (c).] Deute ONTRIBUTING TO DEATH B	C	rudiae accul Lud T RELATED TO THE TER	MINAL DISEAS	Learl dises	VEN IN PART I	(a) 19. WAS PERFO	S
MEDICAL CERTIFICATION		Month, Day, Yea 5-24 196 at I taak charge	ying r pai r 20d. While of the r	NJURY OCCURRED 1206.	PLACE foctor ho:	Ane Sir X-ray Sh OF INJURY (Home, fo y, street, office bidg., e ital e, held an Autor	oped an loved f	d fell: l	Le 28,	60 pt ompiai hip Maryla	foun ining (Stote)
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	1.1.	m.K	ieffe. effer, M. D.		M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER [I Ir 🔲		DATE 6-9-	SIGNED
	BURIAL CREMATION REMOVAL (Specify) BUNGLU FUNERAL DIRECTOR'S MUTURE TO	6/11/6	o Sulp	22c. NAME OF CEMETERY Foucion & IADDRESS.	OR C	2 beneter	22d, LOCA Brill C'D BY REGIST JUN 13		or county) Mary STRAR'S SIGNE Millian 2. 7	11	of.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6747 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) a. COUNTY Baltimore **b** COUNTY Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) Garrison wks Baltimore d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION FOXLeigh Convalescent Reisterstown Rd at Valley Rd d STREET ADDRESS Belnord Apt Brooks Lane Middle 4. DATE DECEASED Leonard Wertheimer (Type or print) DEATH June 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years Male last bighday) White June 14. 1880 WIDOWED [DIVORCED T papers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Cigar Mfr New York Owner pua 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician Isaac Wertheimer Hattie Silverstein Ð 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IYOL no or unknown) (If yes, gave war or dates of service) Mrs. Miriam Wortheimer. 930 Brooks Lane 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEMATE CAUSE (a) DUETO permit. ony Canditions, if any, which gned gave rise to immediate DHE 10 cause (a), stating the under-Lisai lying cause last. CERTIF 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year factory, street, affice bldg., etc.) Hour e. n. While Not white at work at work p. m. 21. I certify, that I attended the deceased fram. _, and that death accurred at <u>a A</u> det ACTUAL SIGNATURE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPS'S PERFORMED? YES NO F (County) (State) 19 Octhar I last saw the deceased M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S Det. 10 NAME (Type) 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) -10-60 Baltimore Hebrew Cem Baltimore, Md 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUN 1 4 '60 Chilmy S. Thousa Eutaw Place DATE

e IS RESIDENCE ON A FARM?

8

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

12. CITIZEN OF WHAT COUNTRY?

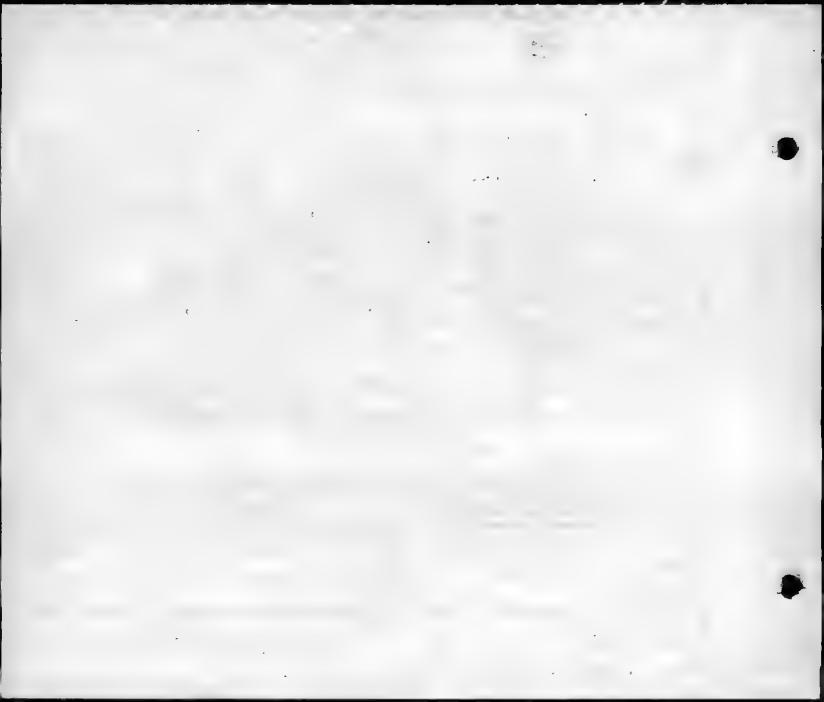
INTERVAL BETWEEN ONSET AND DEATH

YES 📑 NO 🗖

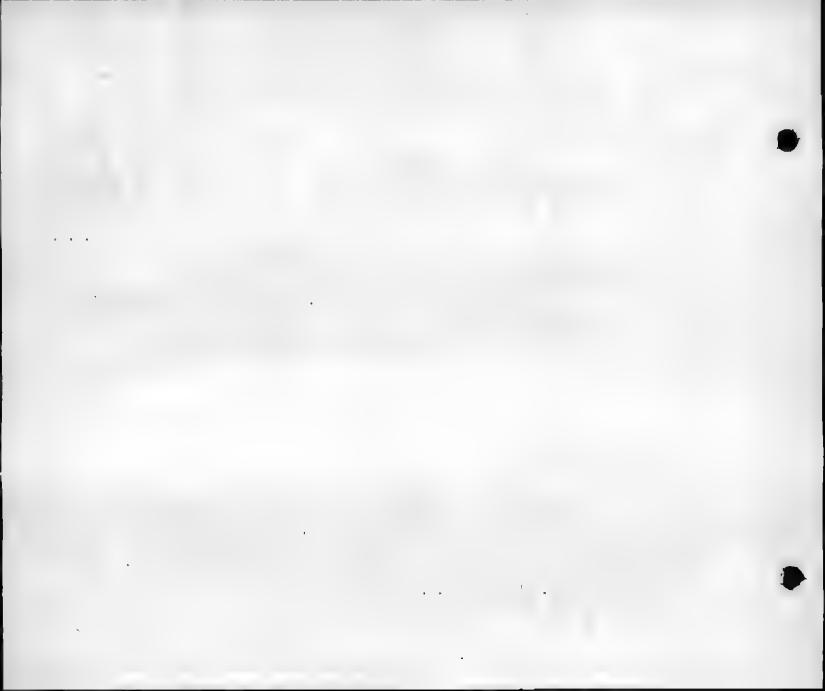
Year

1960

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death certificate



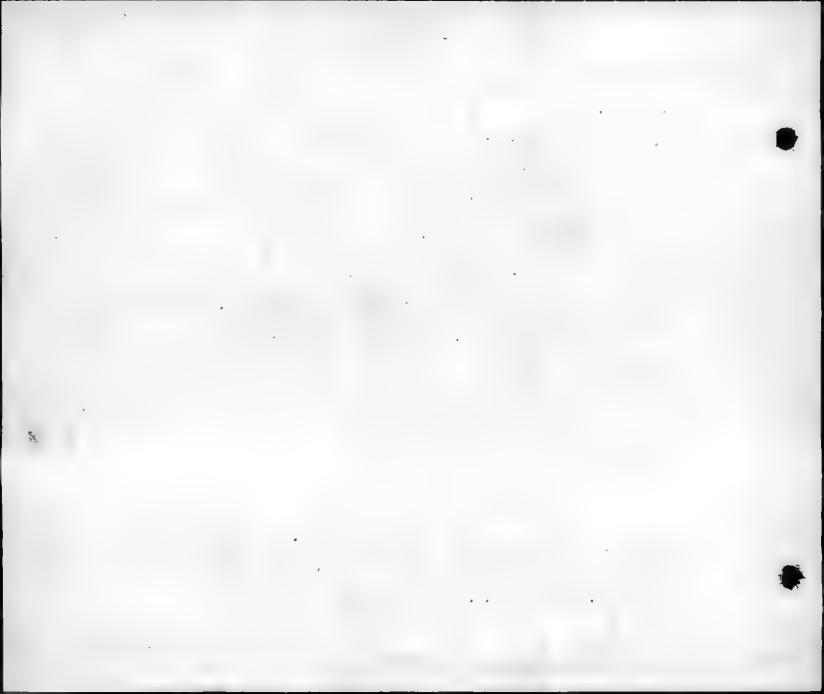
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VS A15 (4) 15M 9/58

0671 32 Reg. Dist. No. 32

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Baltimore County MARYLAND	2 USUAL RESIDENCE (Where deceased lived of institution Residence a. STATE b. COUNTY Ba7t	before admission)
b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland 4/10 4/440.	c. CITY OR TOWN (If outside corporate limits, write RURA, and give	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Mt. Wilson State Hospital	1520 Mt. Roy27 Ave.	IS RESIDENCE ON A FARM? YES NO PARTY.
NAME OF DECEASED (Type or print) NETT PRINTS Middle // Prints	Williams 4. DATE Month OF DEATH	Day Year 2 / 1960
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TEAR IF UNDER 24 HRS
On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if refired) HOUSE WIFE	STRY 11. BIRTH LACE (State or foreign country) 12. CITIZE	NOF WHAT COUNTRY?
William C. Kinard	Lillie Rubinson	
Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address OSpital Records, Mt. Wilson State	Hospital
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c)	y Tuberculosis	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS JNDERLYING 7 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 7 CAUSE OF DEATH	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1: D. (Enter nature of injury in Part I or Port II of I tern 1B.)	(a) 19 WAS AUTOPSY PERFORMED YES NO 2
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20: TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Cautary, street, office bldg , etc.)	rnty) (State)
ACTUAL 11/ Places Mar Tare	7, 1960, to 6/21, 1960, that I last accurred at 635 PM, fram the causes and an the capacity of town, state) M.D. Mt. Wilson, Maryland	
PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D., Superinter	ndent	
20. BURIAL, CREMATION, 23b. DATE THEREOF, 22c NAME OF CEMETERY OF REMOVAL (Specify) 22c NAME OF CEMETERY OF REMOVED West Ver	R CREMATORY 22d LOCATION (City, town, or county)	(State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAM Stone 4:210 Bela	Charles JUL 1 '60 Chilum &	ATTRE Frank



ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18	0621
O 100 A	OFFICIO A SE			(/ () -

ice before admission)

MARYL	AND STATE DEPARTM	ENT OF HEALTH	-BALTI	MORE, 18	067	118
675	O CERTIFICA	ATE OF DEATH	4	_		
1. PLACE OF DEATH O COUNTY Balto.	MARYLAND	o. STATE		b. COUNTY		ore admissi
RURAL and give nearest town)		c. CITY OR TOWN (If a	outside corporat			arest town
OR INSTITUTION		d STREET ADDRESS		Bd.		e. 15 RESI ON A YES
3 NAME OF First DECEASED	Middle	Last	4 DATE OF DEATH	Month		ny Y
CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH O COUNTY Balto. MARYLAND D CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Middle River d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3 NAME OF DECEMBER OF PIEST Middle River 4. STREET ADDRESS ON STREET ADDRESS OF OF DECEMBER OF PIEST Middle Lost ADATE OF DECEMBER OF DEATH Day OF DEATH D AGE (In year) IF UNDER I YEAR IF UN IF UNDER I YEAR IF UN D AGE (In year) IF UNDER I YEAR IF UN D AGE (In year) IF UNDER I YEAR IF UN D AGE (In year) IF UNDER I YEAR IF UN D AGE (In year) IF UNDER I YEAR IF UN D AGE (In year) D AGE		-				
during most of working life, even if retired)				ilry)	12 CITIZEN	OF WHAT

П	d. NAME OF HOSPITA	At (If not in hospital, give st	reet oddress)	1	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?
L	and pro	awthorne Rd			56 Haw	thorne_Ra	3	YES NO
3	NAME OF DECEASED	First	Middle		Lost	4 DATE	Month	Day Year
	(Type or print)	EDNA	E.		WOI.F	OF DEATH	June	30 19 60
S	SEX	6. COLOR OR RACE 7. N	MARRIED X NEVER MARRIE	D B, D	ATE OF BIRTH	9 AGE	(In years IF UND	ER I YEAR IF UNDER 24 HRS
	Female	White WID	OWED DIVORCED		June 31.	1908	irthdoy) Months	Doys Hours Min.
100	. USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	106 KIND OF BUSINESS OF	R INDUSTRY			12 0	TITIZEN OF WHAT COUNTR
	House		At Home		Balt/	Md.		IT C A
13.	FATHER'S NAME			14	MOTHER'S MAIDEN			U s 13 s elles
	John Hei	inlein			Anno I	Tischer		
	WAS DECEASED EVER		16. SOCIAL SECURITY NO.	17 INFO		. I Stellie I	Address	
10	No.	If yes, give wor or dates of service)	213-05-3346	. W4	lliam J.	Walf 56	Hawtho	a man o D 2
	18. CAUSE OF DEA	TH [Enter only one couse p	er line for (a), (b), and (c)]			11044		INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:	Corelato V	00540	as avox			ONSET AND DEATH
	170	DUE TO	-		0			
	Canditions, if on	y, which)	G T Q	earl	Rade			1 whe
	gove rise to in	nmediate (Dus 70		,		4		
	tying couse lost.	ne <u>under-</u>	metadi	Atie	Ovarian	, curcino.	70-	1 78.
Z	PART II OTH	ER SIGNIFICANT CONDITIO	NS CONTR BUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	ART 1(6) 19. WAS AUTOPSY
CERTIFICATION								PERFORMED?
TIF	200. ACCIDENT WAS	S UNDERLYING 206.	DESCRIBE HOW INJURY OF	CURRED (E	ater nature of injury in	Port I or Part II of ite	m 18)	
	(IF EITHER, NOTIFY	CAUSE OF DEATH						
3	20c TIME OF INJURY			20e. PLACE	OF INJURY (Home, for	n, 20f. (City or town	1	(County) (Stole
MED	Hour o.m		hile Not while work of twork	roctory.	street, office bldg., etc	()		
		at I attended the dec	anted from 9	-il-	. 19 59 to	6/15	10 66 abox	1 last saw the decease
	alive an		1	donth on	-,,			
	diffe dil		Zazawaya, dila indi	deam du	torred di	ADDRESS (Street, city	or town, state)	the date stated above
	ACTUAL	XX	2H		4348	-Jen	and	
	SIGNATURE	1 0	20	M.U.			0) the sale up with red an about the species are an
	PHYSICIAN'S NAME (Type)	J. GLA	TT. MD		5	solx "	nd	
720	BURIAL, CREMAT OF	N, 22b. DATE THEREOF	22c. NAME OF CEME	TERY OR CR	EMATORY	726 LOCATION (CI	ty, fown, or county	(Stote)
-	Buriation,	6-14-60	Sacred	i Hea	rt Cem.	7401 00	rman Hi	ารกล
23	FONERAL DIRECTOR'S	SIGNATURE .	ADDRESS SOL	to 2 4	md 240. REC	D BY REGISTRAR	246 REGISTRAR'S	SIGNATURE
	Charles	& Zeclar	6224 Eas			JUN 1 5 '60	Chilian	1 & Frank
-								

VS A15 (4) 15M 10/57



TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. after death. Page 4 may be read by the hosp ration of attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remain carbon papers. Pages 1 and 2 shauld be with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs aben death.

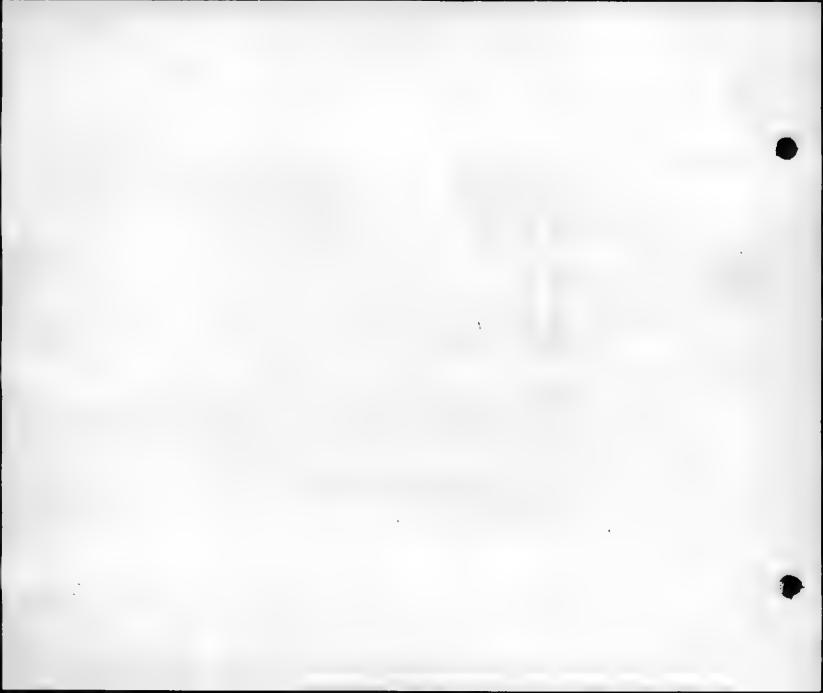
VS A15 (4) 15M 9/58 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6594

CERTIFICATE OF DEATH

Reg. Dist. No. 719

									-		
1 PLACE OF DEATH g. COUNTY	Baltimo	re	MARYLAND	2. USUAL RESIDE	NCE (When	e deceosed	b COUNTY	on: Reside	nce befo	fe odmis	s on)
b CITY OR TOWN (II RURAL and give no	autside carporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If out	side corpora	te limits, write R	URAL and	give ne	arest town	n)
Dund	79. 9			Dundalk			€,.	4			
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, (give street	oddress)	d. STREET ADE	PRESS		-	7		e. IS RES	SIDENCE A FARM?
0. (143)11011014				92 Ki	inshi	p Road] NO []
3. NAME OF DECEASED (Type or print)	Thon	as A	Wood	Lost	4	OF DEATH	June 2		0 Do	,	Year
5 SEX	6 COLOR OR RACE	7 MARE	NEVER MARRIED	8. DATE OF BIRTH		9	. AGE (In years lost birthday)				ER 24 HRS
male	white	WIDOW	ED DIVORCED	Jan 8 79	9		81 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	1	kind of Business or Indu	STRY 11 SIRTHPLAC		fareign cou	ntry)	12, CI	TIZEN O	WHAT	OUNTRY
13. FATHER'S NAME				14. MOTHER S M	AIDEN NA	WE					
Jame	s Wood			Don't	know						
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	INFORMANT			Add	ress			
ties, no, or unknowns	If yes, give war or dates of :	S.	L3 09 0951 M	rs Sabina	Wood	92 Ki	nship R	oad			
Conditions, if or gave rise to in cause (o), stoting lying cause last	he <u>under-</u> DUE TO	, //-	-5-c-V D	lsess					-		
NO PART II OTH	ER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BUT	T NOT RELATED TO T	HETERMIN	A. DISEASE	CONDITION GIV	EN IN PA	RT 1(a)	PERFC YES	DRMED?
U (IF EITHER, NOTIFY	S UNDERLYING III CAUSE OF DEATH MEDICAL EXAMINER)		CRISE HOW INJURY OCCURRE	1							7
20c TIME OF INJURY	(Month, Day, Ye	ar 20d li While of wor	_ Ng hile _ fo	AGE OF INJURY (Ho ctory, street, office b	me, farm, ldg., etc.	20f. (City o	er town)		(County)		(State)
21. I certify the	at I attended the	/	ed fram WW VO	n accurred at A	/ / '		ne causes an	d an th		e stated	
ACTUAL SIGNATURE	ma	0	alli	M.D. 6800	2 /	DORESS (Stre	et, city or town,	stole)	1	DAI	TE SIGNEE
PHYSICIAN'S NAME (Type)	M.B	DA	vis MD	Du	uda	UE-2	N M	x		9	4/60
220. BUR AL, CREMATIO REMOVAL (Specify) burail	June 25/		Belair Mem Ga		2		on (City, town, ir Md	or caunty)		(Stot	te)
23. FUNERAL DIRECTOR"		00	ADDRESS	2	4a. REC'D	BY REGISTRA	AR 24b. REG	STRAR'S S	IGNATU	RE	
Ullrich F	meral Hom	0 211	2 Dundalk Ave	D	ATELLE	1 '60	and	hur 2	Hans.	4	



Strong, 3207 W. NorthAve., Balto.

DAMUN 1 3 '60

6. IS RESIDENCE ON A FARM?

YES NO X

19 60

hr.est.

PERFORMED? NO X

(Steta)

DATE SIGNED

arthur S. Hours

yrs.

VS. A15ME 5M 7/59



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) CITY OR LOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Month Day Year 1960 IF UNDER I YEAR IF UNDER 24 HRS Months Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED?

YES NO

(Stote

(State)

(County)

			Value .	
		many many		197
			Place Section 1997	
			THE RESERVE OF THE PARTY OF THE	
			And the latest the lat	
				78-11
	Marie and other process of the last		467	
The state of the s				
	the regal are to the same of the	W. C. WET	Marie Strong St	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 FilmG267 7-14-60 et CERTIFICATE OF DEATH 6753 may be the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. s ofter death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death merificate be executed within 22

06722

Reg. Dist. No.

1.	PLACE OF DEATH Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Base	before odmission) timore				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give regarest town) JONR	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive negrest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Stoney Batter Road	Stoney Batter Road	e. IS RESIDENCE ON A FARM? YES NO				
3.	NAME OF DECEASED (Type or print) M2x y ANN Middle	ZU/2- (OATE OF JUNE -	Doy Yeor 25 1960				
L	SEX 6. COLOR OR PACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Aug 21 1889 Jost birthdoys Months	YEAR IF UNDER 24 HRS				
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDIducing most of working life, even if retired) HOUSEWLFE	USTRY 11/ATRIHPLACE (Stote or foreign country) 12. CITI Harford Co., Md.	USA				
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Franz A. Walther	Anna Lee Barker					
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
1	In fat, good at the case of special f	Mr. Benjamin F. Zulaut	same				
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	0 0	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
	IMMEDIATE CAUSE (6) LOCOS VESSCOTET AC. den 24 byt.						
	DUE TO AVENUE () - ()						
П	gove rise to immediate (b) Attendo Sclerotic Cardioussenby Diseas						
_	tying couse lost.	3	4-411.				
CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
CERTIF	206. ACCIDENT WAS UNDERLYING () 206. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port 1 or Port II of item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while of work of work of the state	LACE OF INJURY (Home, form, 20f. (City or town) (Control, street, office bldg., etc.)	ounly) (State)				
	21. I certify that I attended the deceased from.	1960, to Jun - 25, 1960, that I k	ist sow the deceased				
	alive on June 25, 1960, and that deat	h accurred at 4 _ M, from the causes and on th	e date stated above				
		ADDRESS (Street, city or town, state)	DATE SIGNED				
	SIGNATURE William a. Typon MD. Bingsville Md. 6-25-6.						
	PHYSICIAN'S William A. Tysor						
220	BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY C REGIOVAL (Specify) 6/28/60 Fork Metho	1	Maryland				
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE				
1	eonard J. Ruck 5305 Harford Road	d #14 DATE JUN 28'60 Chilms 8.	Kraus				
-							

TO HOSPI VS A1S (4) 15M 10/57

A DE SEGURITARIS EN PRESENTATION DE L'ANDERS EN L'ANDE	- 1
STOKED BY ADMINISTRATE OF DENTIFY	-1
The state of the s	
Linear State - Linear State Court State	
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